Carleton UNIVERSITY | DEPARTMENT OF Cognitive Science

M.Cog.Sc. Thesis Defense Examination Approval Form

STUDENT NAME: ___ _____ STUDENT NUMBER: _____

PROPOSED DATE: _____ PROPOSED TIME: _____

PROPOSED ROOM*_____

TITLE OF DISSERTATION:

Role	Name & Dept	In Person	By Teleconference
Thesis Supervisor			
Co- Supervisor			
Committee Member			
Committee Member			
Internal Examiner			

When the thesis information above is completed - return to the Graduate Administrator

- The Graduate Supervisor of Cognitive Science must approve all members of the Examination Board. The Examination Board consists of the Thesis Supervisor, Chair, Committee Members and an Internal-External Examiner for M.Cog.Sc.. Defenses.
- An Internal Examiner - is a Carleton faculty member not affiliated with Cognitive Science.

Office Use Only – Do not complete

Chair for Defense: _____

The Thesis Defense Approval Form has been approved and signed by Graduate Studies Supervisor

Signature: _____ Date Approved _____

Update July 2026