

Authorization for Ph.D. Prospectus Defence

Name: _____ Student No: _____

Prospectus Title: _____

In order to facilitate the scheduling of the prospectus defence, please state 2-3 date and time preferences for the defence. Please confirm your proposed dates and times with the individuals listed below.

Preferred dates and times for defence of the prospectus:

Date/time: _____ Date/time: _____

Date/time: _____

For the supervisory team and other members: please check the appropriate box

- ☐ I have read the prospectus, and I recommend the prospectus for defence.
☐ I do not agree that it is ready to be examined but the student is invoking the right to a defence.
☐ I am available on the above listed dates or on these dates: _____.

Supervisor (please print)

Signature

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☐ I do not agree that it is ready to be examined but the student is invoking the right to a defence.
☐ I am available on the above listed dates or on these dates: _____.

Advisor (please print)

Signature

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Advisor (please print)

Signature

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Prospectus Seminar Instructor (please print)

Signature

PhD Program Supervisor (please print)

Signature