



## Notice of Examining Committee & Examination Date (Doctoral Final Oral Exam)

KILLAM CENTRE FOR ADVANCED STUDIES  
 2-29 TRIFFO HALL

Phone: 780.492.3499 Fax: 780.492.0692  
<https://www.ualberta.ca/graduate-studies/>

Student ID	Student Last Name, First Name	Student attending final exam <input type="checkbox"/> Virtually <input type="checkbox"/> In-Person
Department	Degree Program	Specialization (if any)

Please ensure that all guidelines outlined the [Supervision and Examinations](#) section of the calendar. Information on **Categories A, B, C, D, E can be found in Recruitment Policy (Appendix A)**.

\* For each of the individuals listed below, please click all checkboxes that apply.

Complete and forward the following form to the Faculty of Graduate Studies and Research at least two weeks in advance of the examination date.

**\*\* If you post this form publicly, please remove employee IDs (and, if you wish, the 3 columns on the right hand side of form) before posting.**

Date (MMM DD, YYYY)		Time	Place	<input type="checkbox"/> Revised Form		
	**Employee ID#	Name	Institution (if different from the UAlberta)	*Categories A,B,C,D,E (at least ½)	*Equivalent Degree or Higher (at least ½)	*Attending Virtually
Chair				N/A	N/A	<input type="checkbox"/>
Supervisor(s)*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory Committee *other than Supervisor(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Examiners (1 university examiner or 1 specialized knowledge examiner)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Examiner				N/A	<input type="checkbox"/>	<input type="checkbox"/>

<b>Supervisor:</b>		
Name	Signature	Date (MMM DD, YYYY)

<b>Dean of Faculty or delegate: (By signing this form, I approve the final oral examining committee)</b>		
Name	Signature	Date (MMM DD, YYYY)

Personal information on this form is collected under the authority of Section 33(c) of Alberta's **Freedom of Information and Protection of Privacy Act** for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate Studies and Research at 780-492-3499 or see <http://www.ipu.ualberta.ca/>.

<b>Faculty of Graduate Studies &amp; Research use only:</b>				Signature & Date
SCN:	Admit Term:	<input type="radio"/> CGPA	<input type="radio"/> 3 yr Doctoral fees	
<input type="radio"/> Current registration	<input type="radio"/> Correct registration pattern	<input type="radio"/> Candidacy completed	<input type="radio"/> Program Extension	