



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 by<br>Teleconference: <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Department | Degree Program                | Specialization (if any)   |  |

Please ensure that all guidelines outlined in Section 8 of the Faculty of Graduate Studies and Research Graduate Program Manual are followed. Information on **Arm's Length Examiners information and Categories A1.1, A1.3 and C1.1 can be found in Section 8.**

\* 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 4 columns on the right hand side of form) before posting.**

| Examination type                               | Date (MMM DD, YYYY) | Time | Place  | <input type="checkbox"/> Revised Form |                              |                          |                          |
|--|---------------------|------|--|---------------------------------------|------------------------------|--------------------------|--------------------------|
|  | **Employee ID#      | Name | Institution (if different from the UAlberta) | *Categories A1.1, A1.3 or C1.1        | *Equivalent Degree or Higher | *Arm's Length Examiner   | *Tele-Conference         |
| Chair  |                     |      |  | N/A                                   | N/A                          | N/A                      | N/A                      |
| Supervisor(s)                                  |                     |      |  | <input type="checkbox"/>              | <input type="checkbox"/>     | N/A                      | <input type="checkbox"/> |
|  |                     |      |  | <input type="checkbox"/>              | <input type="checkbox"/>     | N/A                      | <input type="checkbox"/> |
|  |                     |      |  | <input type="checkbox"/>              | <input type="checkbox"/>     | N/A                      | <input type="checkbox"/> |
| <b>Doctoral Programs only:</b>                 |                     |      |  |                                       |                              |                          |                          |
| Supervisory Committee (other than Supervisors) |                     |      |  | <input type="checkbox"/>              | <input type="checkbox"/>     | N/A                      | <input type="checkbox"/> |
|  |                     |      |  | <input type="checkbox"/>              | <input type="checkbox"/>     | N/A                      | <input type="checkbox"/> |
|  |                     |      |  | <input type="checkbox"/>              | <input type="checkbox"/>     | N/A                      | <input type="checkbox"/> |
| External Examiner                              |                     |      |  | N/A                                   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Examiners                                |                     |      |  | <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"/>              | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                     |      |  | <input type="checkbox"/>              | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |           |                     |
|--|--|-----------|---------------------|
| <b>Supervisor:</b><br>Supervisor   |  | Signature | Date (MMM DD, YYYY) |
| <b>Graduate Coordinator/ Dept Chair:</b> (By signing this form, I approve the doctoral candidacy examining committee)<br>Graduate Coordinator / Dept Chair |  | Signature | Date (MMM DD, YYYY) |
| <b>Dean of Faculty or delegate:</b> (By signing this form, I approve the final oral examining committee)<br>Dean of Faculty of delegate                    |  | 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"/> 1 yr Master fees | <input type="radio"/> 3 yr Doctoral fees |
| <input type="radio"/> Current registration                  | <input type="radio"/> Correct registration pattern | <input type="radio"/> Candidacy completed (Doctoral Final Only) |  |  |