

**Notice of Master's Final Thesis Oral Examination****(To be completed by the SUPERVISOR)**

The supervisor is to complete this form and email it, at least four (4) weeks before the anticipated date of the oral examination, to Dean, FGS, at [fgs@athabascau.ca](mailto:fgs@athabascau.ca)

**Student Name:****Student ID Number:****Today's Date:****Academic Unit:****Degree Sought:****Type of Oral Examination:** Final Thesis**Title of thesis:****Anticipated Date (of oral examination):****Anticipated Time (of oral examination):**

**Locations of and phone numbers at which participants can be contacted during the examination should the primary technology fail:**

	Location of each individual	Back-up Telephone Number
<b>Student</b>		
<b>Committee Member</b>		
<b>Committee Member</b>		
<b>Committee Member</b>		

**Do supervisor and academic unit recommend approval of the location of the student during the examination?**

**Nature of Technology to be used:****Will a proctor be present?***(If yes, please attach a short CV and complete table below)*


**If no proctor is present, specify what procedures will be implemented to ensure verification of the student, safety and support of the student, and no infraction of academic honesty:**

**Specify the plan for ensuring the adjudication process is closed to ensure privacy:**

**Date received:****Dean, Faculty of Graduate Studies:**

The personal information collected on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. This information will be used by staff of the Faculty of Graduate Studies to facilitate the cooperation and collaboration of the parties involved in the oral examination of a graduate student. If you have any questions about the collection or use of this information, contact the Dean, Faculty of Graduate Studies, Athabasca University, 1 University Drive, Athabasca, AB, T9S 3A3. Telephone: (780) 675-6550.

**Distribution: Supervisor – Faculty of Graduate Studies**