REQUEST FOR MASTER'S THESIS DEFENCE

NAME OF STUDENT:		
STU	JDENT EMAIL ADDRESS:	
NAME OF SUPERVISOR:		
NAI	ME OF CO-SUPERVISOR (if applicable):	
CO-	-SUPERVISOR EMAIL ADDRESS (if not at Acadia):	
THE	ESIS TITLE:	
coı	NFIRMED DATE FOR DEFENCE:	
coı	NFIRMED TIME FOR DEFENCE:	
Impo	ortant notes:	
1.	This form is to be submitted to the Graduate Stud time for the defence with all committee members	ies Officer after the supervisor has confirmed a date and
2.	about the selection of the External Examiner (for e	Examiner in accordance with the guidelines in the of Master's Theses document. If there is any question example, Conflict of Interest) the final decision rests with ents are not permitted to have contact with the External
3.	An electronic copy of the thesis must be submitted to the Graduate Studies Officer at least four weeks prior to the confirmed defence date.	
4.	If any committee member requires a hard copy of the thesis, the supervisor will be responsible for providing the copy directly to the committee member.	
5.	need to organize the defence from this location	om account to set this up) t the Divinity College; one person on the committee will on)
		erence for the defence location and equipment required)
	Defence Location:	
	Audio/Visual Equipment Required:	
 Signa	ature of Supervisor	Signature of Student



NAME OF DEPARTMENT HEAD/SCHOOL DIRECTOR/DELEGATE:		
NAME OF INTERNAL EXAMINER:		
NAME OF EXTERNAL EXAMINER: TELEPHONE NUMBER:		
EMAIL ADDRESS:		
Provide a summary of the external examiner's qualifications and experience as it relates to the thesis topic. (attach a separate page if needed)		

