

College of Graduate and Postdoctoral Studies

Family name/surname/last name:	Given name(s):	Student number:
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Academic unit:

Final Advisory committee

Chair:	
Supervisor(s):	
Department Members:	
Cognate Member(s):	

Courses taken at U of S and recommended for credit toward Ph.D. degree (courses, grade, year taken):

Courses taken at other universities and recommended for credit toward Ph.D. degree (courses, grade, year taken, U of S course equivalent; official transcripts attached):

Qualifying exam completed on:	Comprehensive exam completed on:	Other requirements fulfilled:
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990 seminar completed on:

Thesis title (as it appears on the title page and front cover of thesis):

All members of the Advisory Committee have agreed that the thesis is ready to be forwarded to an External Examiner: Yes No

If No, please explain:

External participation:	Attendance	Videoconference	Teleconference	Department willing to cover expenses not covered by CGPS:	Yes	No
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CGPS **must** be informed if student is to present a seminar.

Expected date for defence:	Time:	Location:
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CONTACT INFORMATION:

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 Email: grad.studies@usask.ca ■ Website: grad.usask.ca ■ Tel: 306-966-5751 ■ Fax: 306-966-5756

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Proposed external examiners (in order of priority – please attach additional sheets if necessary):		
1.	Name:	Address:
	Phone:	Email:
Information on Academic Specialization:		
2.	Name:	Address:
	Phone:	Email:
Information on Academic Specialization:		
3.	Name:	Address:
	Phone:	Email:
Information on Academic Specialization:		
4.	Name:	Address:
	Phone:	Email:
Information on Academic Specialization:		

On behalf of the Department, I recommend that, upon successful defence of the Ph.D. thesis, the candidate's name go forward to the Faculty of the College of Graduate and Postdoctoral Studies for award of the Ph.D. degree.

(Dean, Department Head or Designate – PLEASE PRINT)

(Dean, Department Head of Designate – SIGNATURE)

Date