



Faculty of Graduate & Postdoctoral 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.**

*** If GPS' assistance in identifying a chair is requested, indicate preferred traits by email, if any (College/Faculty affiliation, accommodations experience, experience with exams involving community based or Indigenous research, language ability, etc).

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"/>
Master Supervisory Committee only if the Department requires one				<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 where there is a supervisory committee (1 university examiner or 1 specialized knowledge examiner Or Other Examiners where there is NO supervisory committee (2 university examiners or 1 university examiner and 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"/>
Supervisor:						
Name			Signature		Date (MMM DD,YYYY)	
Dean of Faculty or delegate: (By signing this form, I approve the final oral examining committee)						
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 & Postdoctoral Studies at 780-492-3499 or see <http://www.ipo.ualberta.ca/>.

Faculty of Graduate Studies & Postdoctoral Studies use only:

SCN: ☐ Current registration ☐ Correct registration pattern ☐ CGPA ☐ 1 yr Master fees ☐ Extension

Signature & Date