UNIVERSITY OF ALBERTA

Notice of Examining Committee & Examination Date (Doctoral Final Oral Exam)

Faculty of Graduate & Postdoctoral Studies
2-29 TRIFFO HALL

Phone: 780.492.3499 Fax: 780.492.0692
ualberta.ca/graduate-studies/

Student ID	Student Last Name, First Name	Student attending final exam ☐ Virtually ☐ In-Person
Department: Select or Enter 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	☐ 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		Select Option		N/A	N/A	☐
Supervisor(s)*				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
Supervisory Committee *other than Supervisor(s)				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
Other Examiners (1 university examiner Or 1 specialized knowledge examiner)		Select Examiner Type		☐	☐	☐
		Select Examiner Type		☐	☐	☐
		Select Examiner Type		☐	☐	☐
External Examiner				N/A	☐	☐

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)

Protection of Privacy *- Personal information provided is collected in accordance with Section 4(c) of the Alberta Protection of Privacy Act (POPA) and will be protected in accordance with section 10 and used and disclosed in accordance with sections 12 and 13 of the Act. It will be used and/disclosed for the purpose of admission and registration; administration of records, scholarships and awards, student services; and university planning and research. The University of Alberta uses automated systems to generate content and to make decisions, recommendations, and predictions. The personal information collected may be included in these automated systems. Should you require further information about collection, use and disclosure of personal information, please contact Faculty of Graduate & Postdoctoral Studies at 780-492-3499 or refer to https://www.ualberta.ca/en/privacy.html*

Faculty of Graduate Studies & Postdoctoral Studies use only:				Signature & Date
SCN:	Admit Term:	❍ CGPA	❍ 3 yr Doctoral fees	
❍ Current registration	❍ Correct registration pattern	❍ Candidacy completed	❍ Program Extension	