



Committee Member Thesis Defence Authorization Form

Student's Name: _____

<input type="checkbox"/>	In my opinion, the thesis defence can take place
<input type="checkbox"/>	In my opinion, the thesis defence can take place with the expectation that revisions may be required
<input type="checkbox"/>	In my opinion, the thesis defence should not take place

If there are reservations about the thesis or concern that the thesis defence should not take place then indicate why:

Role on Examination Board:

Internal Examiner

Member of Department

Member of Joint Institute

Name

Signature