

Appendix D-1: Thesis Defence Authorization Form – Departmental Chair/Thesis Supervisor(s)

Student's N	Name:	Student No:	
	Chair of Departme	nt (or designate)	
	I am not aware of any potential conflict of int Thesis Supervisor (Required for Ph.D. only) (candidate, from the Supervisor(s) and from the University of the Supervisor of Supervisor o	terest that the examiners have with the candidate and or (The External Examiner should be at arm's length from the versity. Over the preceding 6 years, the External Examiner pervisor(s) and should not have been employed or studied at	
		ace subject to the approval of the thesis examination	
	The thesis defence should not take place		
If the thesis	s defence should not take place, then indicate wh	y:	
Chair's Name (or designate)		Signature	
	Thesis Supervisor/	Co-supervisor(s)	
	I/We have read the thesis and in my/our opinion, the thesis defence can take place subject to the approval of the thesis examination board		
	The thesis defence should not take place		
If the thesis	s defence should not take place, then indicate why	y:	
Thesis Supervisor's (Co-Supervisor's) Name		Signature	
Thesis Supervisor's (Co-Supervisor's) Name		Signature	
Thesis Supervisor's (Co-Supervisor's) Name		Signature	