

AEROSPACE ENGINEERING PROGRAM YEATES SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES

Preliminary Dissertation Examination Scheduling Request

Student Name:	Student ID:	
Title of Research Proposal	·	
Supervisor(s):		
MPORTANT: All research involving humans, whe taff, or students affiliated with the university must ensure that research is conducted in an ethical may be without the prior approval of the Research Ethics	ist be reviewed and approved to protec anner. No research on human participa	t research participants an
Does your research involve any human participation?		No
Did you obtain all the required approvals from t	the Research Ethics Board? Yes	No
Did you obtain confirmation that all committee mem	obers are available and will attend this ex	am? Yes No
		u 165 NO
confirm the thesis is $\underline{\text{not}}$ manuscript-style (please	cneck box to confirm):	
Examination Committee		
 Chair		
Chail	Department	
 Member	 Department	
Wellidel	Бера і (тепс	
 Member	 Department	
Member	 Department	
Member	 Department	



AEROSPACE ENGINEERING PROGRAM YEATES SCHOOL OF GRADUATE STUDIES

Examination Date: DD/MM/YY	Time:	a.m./p.m.	¹ Room:	
Student's Signature	Supervisor's S	ignature		
Program Director's Signature	 Date			
Room will be booked by the graduate program If virtual the examination Chair will book the virt supervisor(s) and student				
2. Students have the option of pre-recording a to their scheduled oral exam. Please discuss t	•	•		iittee prio