



MAP / MScP Thesis Defence Booking Form

- NB:
- The student submits this completed form to the [SCARP Graduate Administrator](#) a minimum of **three weeks prior** to the proposed defence date.
 - Location of the thesis defence will be confirmed after submission of this form to the Graduate Administrator.

STUDENT INFORMATION			
Student Name		Student Number	
Program	<input type="checkbox"/> MAP <input type="checkbox"/> MScP	Entry Year	
Supervisor Name			
EXAMINING COMMITTEE INFORMATION			
Committee	Name	Declaration	Signature
Research Supervisor		<input type="checkbox"/> I have read the thesis and I agree that it is ready to be defended.	
2 nd Member (SCARP or non-SCARP)		<input type="checkbox"/> I have read the thesis and I agree that it is ready to be defended.	
3 rd Member (Optional)		<input type="checkbox"/> I have read the thesis and I agree that it is ready to be defended.	
External Examiner		Department Affiliation:	
DEFENCE SCHEDULING INFORMATION			
Thesis Title			
Time			
Date			