

## BOOKING MASTER'S THESIS DEFENSE

School of Community & Regional Planning  
The University of British Columbia

The student submits this completed form to the Graduate Administrator in the SCARP main office a minimum of three weeks prior to the proposed defense date.

**NOTE:** A copy of the student's abstract and thesis title page must accompany this form.

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I have read the thesis, I agree that it is ready to be defended and I have obtained the agreement of the other members of the examining committee to scheduling the defense as indicated below:

Research Supervisor \_\_\_\_\_  
(Signature)

I have read the thesis and agree that it is ready for defense:

Research Committee Member \_\_\_\_\_  
(Signature)

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Date of Defense \_\_\_\_\_  
Time of Defense \_\_\_\_\_  
Building/Room # \_\_\_\_\_

Student \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_  
Thesis Title \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Research Supervisor \_\_\_\_\_

Research Committee Member \_\_\_\_\_  
Title (Prof/Dr/Mr/Ms./Mrs) \_\_\_\_\_  
Company (if non-SCARP Faculty) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

External Examiner \_\_\_\_\_  
Title (Prof/Dr/Mr/Ms./Mrs) \_\_\_\_\_  
Company (if non-SCARP Faculty) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email \_\_\_\_\_

### AUDIO/VISUAL EQUIPMENT

Equipment must be picked up at the main office in Lasserre (please check appropriate box/es):

Slide Projector    Overhead    Flip Chart    VCR/TV

### REQUEST FOR EXEMPTION FROM MINIMUM SCHEDULING REQUIREMENTS

Only in extraordinary circumstances will an exception be made to the minimum time requirements for scheduling a thesis defense as stated in the School's Handbook. In such circumstances, it is the responsibility of the student to provide a written request to the Research Committee. Exceptions will only be authorized when they are acceptable to all members of the Examining Committee and is confirmed by the signature of the Research Supervisor (below).

*Student's reasons for an exemption.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

*Research Supervisor's Response:*

Approved

Denied

Comments (must be completed by Research Supervisor if request is denied):

\_\_\_\_\_  
Signature of Research Supervisor

\_\_\_\_\_  
Date