**Instructions for Setting up your Thesis Defense**

The [Thesis Defense Schedule Request Form](#Text1) and the Contingency Plan form needs to be completed and submitted with accompanying documentation (External Examiner CV & email address) by the deadline:

* PhD = 8 weeks prior to proposed oral defense date

This allows the Graduate Program Administrator (GPA) and Graduate Program Director (GPD) to generate and approve additional documents in a timely fashion to meet the deadline imposed by the Faculty of Graduate Studies (FGS). Not adhering to the above could result in your request being denied and a new date will need to be selected.

**Oral Defense Location**

Please note that at this time, as the University is effectively closed to all but essential faculty and staff, all exams will take place by Zoom. Your GPA will set up the Zoom meetings on your behalf (incl. your seminar presentation).

Typically exams will be held in the Graduate Science Education Boardroom. Please contact your GPA to ensure the space is available for your proposed exam date. If the GSE Boardroom is not available you will need to request a room through Room Bookings ([irrooms@ucalgary.ca](mailto:irrooms@ucalgary.ca)). Required seminars will need to be booked in a room through Room Bookings.

**Choosing a Policy to be Examined Under**

If you entered the program prior to September 2014 you can choose the policy you wish to be examined under. Entering the program in September 2014 or after requires that you be examined under the current Thesis and Thesis examination regulations and administrative processes. The [FGS Policy Comparison Chart](http://grad.ucalgary.ca/sites/grad.ucalgary.ca/files/thesis-at-a-glance.pdf) may be helpful in this determination.

**Examiner Attendance**

Examiners attending via teleconference or videoconference are required to provide a back-up telephone number prior to the exam date to ensure connectivity is maintained. Disconnection of an examiner for longer than 5 minutes will result in the exam being considered invalid. There is space on the form below to provide this information.

Distant Examiners also need to provide an email copy of their Examiners Report on Thesis along with a statement granting the Neutral Chair permission to initial, as necessary, the Final Report of Thesis on their behalf.

**Working on Your Thesis?**

Just starting? Check the [Thesis Guidelines](http://grad.ucalgary.ca/current/thesis/guidelines).

Almost done? Check the [Thesis Guidelines](http://grad.ucalgary.ca/current/thesis/guidelines).

Need help with formatting? See the [Thesis Formatting Guidelines](https://grad.ucalgary.ca/sites/default/files/teams/3/thesis-guidelines.pdf)

**Ready to Submit**

[How to apply for graduation](https://www.ucalgary.ca/registrar/graduation/apply" \t "_blank)

[Convocation information](http://grad.ucalgary.ca/current/managing-my-program/convocation)

[Thesis electronic Submission guidelines](https://grad.ucalgary.ca/sites/default/files/teams/3/t_electronic-thesis-submission-manual.pdf) - Make sure you have all the [forms](http://grad.ucalgary.ca/current/thesis/ethesis) needed for submission

[Request for Completion of Degree Confirmation](http://grad.ucalgary.ca/sites/grad.ucalgary.ca/files/c_request-for-completion-of-degree-confirmation.pdf) Form for confirmation of completion prior to convocation

Delays in Public Release of Thesis – go to <http://grad.ucalgary.ca/current/thesis/withhold>



GSE Thesis Defense Schedule Request Form

**Note that Supervisors are responsible for all exam arrangements**

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| **Student Information** | | | |
| Student Name: Student First & Last Name & Backup Phone # | UCID: UCID | Date: 3/31/2020 | |
| Department: | | | |
| Degree: PhD | Specialization: Enter if applicable | | |
| Final Thesis Title: Final thesis title as you want it to appear on your Parchment | | | |
| **Exam Information** | | | |
| Examination Rules:  The examination will be conducted under the current Thesis and Thesis examination regulations and administrative processes  The Examination will be conducted under the 2013-14 Handbook of Supervision & Examination | | | |
| Date of Examination  Date of Exam | Time of Examination  Start Time of Exam | Place of Examination:  Location of Exam | |
| **Examination Committee** | | Attending Remotely? | Clear of conflict of interest |
| Supervisor: Enter name and backup phone # | |  | N/A |
| Co-Supervisor: Enter name and backup phone # | |  | N/A |
| Committee Member 1: Enter name and backup phone # | |  | N/A |
| Committee Member 2: Enter name and backup phone # | |  | N/A |
| Committee Member 3: Enter name and backup phone # | |  | N/A |
| Committee Member 4: Enter name and backup phone # | |  | N/A |
| Internal Examiner: Enter name and backup phone # | |  | Yes or No |
| External Examiner (PhD only) CV **required 8 weeks prior** to proposed exam date Enter name and backup phone # | |  | Yes or No |
| **Supervisor’s Acknowledgement** | |  |  |
| The **Internal Examiner** Meets the following criteria: | | | |
| Has a well-established research reputation | | | |
| Has expertise in the area of the student’s research | | | |
| Has experience in evaluating theses at a graduate level | | | |
| Has experience in supervising to completion at the graduate level | | | |
| Is not a close personal friend of the Supervisor | | | |
| Has not collaborated with the Supervisor in the past five years | | | |
| Is not closely related to, or have not worked with the student. | | | |
| If any of the above criteria have not been met, please attach a memo explaining why you still wishes to make the recommendation. | | | |
| **Confirmation that thesis is ready for examination** – Rules after Sept 2014:  The thesis examination cannot be scheduled until all members of the Supervisory Committee have reviewed the student’s research, including a relevant written sample of the material related to the thesis, or the draft thesis document, as required by the graduate program, and have provided written consent that the examination can be scheduled.  Yes – Attach documentation of approval (can be emails or committee minutes)  No (Approval must be obtained before exam can proceed) | | | |
| Student Confirmation | | | |
| Have completed all required courses with a gpa of 3.0/4.0 (list courses taken): | | | |
| Fees and registration are up to date | | | |
| Applied for convocation | | | |
| Research Integrity Day attended. | | | |
| Ethics approval for project has been received – Send a copy to your GPA | | | |
| Current Annual Progress Report has been completed | | | |
| **Seminar Presentation as required by your program** | | | |
| Date: Date of Seminar  Time: Time of Seminar. Note: Seminar is to be ~1 hour in duration  Location: Zoom Meeting (to be set up by GPA) | | | |

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| Y:\FGS Shared Drive\Logos - Signatures - Templates\Logos\2013 UCalgary Logo\UC-horz-rgb.jpg | | **Request for Oral Examination of Contingency Form:**  **Student/Supervisor/Examiners Participating Remotely#**  **This is a retake exam.** | | | |
| ***The purpose of this form is to approve a remote format for an Oral Examination scheduled during the COVID-19 situation. The form is to be used starting March 16, 2020 and until further notice.***  *Questions about the use of this information should be directed to the FOIP Advisor, Faculty of Graduate Studies, (403) 220-4938.* | | | | | |
| **Student Information** | | | | | |
| Student: | | Date: | | UCID: | |
| Department/Program: | | | | | |
| Oral Examination: PhD Thesis Defense | |  | | | |
| **Examination Information** | | | | | |
| In the event of a university closure, or while remote examination policies in place, all examiners and the students will be connected via zoom videoconferencing, with a Zoom teleconference option as a back-up for all examiners.  For the student attending remotely, they have to participate with a video link in order to see them. This satisfies the requirement to verify the student is present in the absence of a proctor. The Graduate Program Administrators and the neutral chair will work together to set up zoom videoconferencing for the examination committee (the university has a site license, <http://elearn.ucalgary.ca/zoom/>).   * *The examination will be conducted according to FGS guidelines,* [*available here*](https://grad.ucalgary.ca/current-students/thesis-based-students/exams/conducting-oral-exams-remotely)*.* * *Students with no access to a suitable environment or internet connectivity in which to sit the exam, may request an on-campus private examination room (see the link above).* * *If needed, programs may request Zoom technical support (see the link above).* * *Exams must not be recorded, unless at a request from SAS and after approval by FGS.* | | | | | |
| Date of Examination: | Time of Examination (Student): | | Place of Examination (Student): | | |
| Time of Examination (Committee): | | Place of Examination (Committee): | | |
| **Committee** | | | | | Participating remotely? |
| **,** Neutral Chair, Department | | | | |  |
| **,** Supervisor | | | | |  |
| **,** Co-Supervisor (if applicable), Department | | | | |  |
| **,** Supervisory Committee (if applicable), Department | | | | |  |
| **,** Supervisory Committee (if applicable), Department | | | | |  |
| **,** Internal Examiner, Department | | | | |  |
| , External (for PhD thesis defense) University of | | | | |  |
| , Proctor (if applicable), affiliation | | | | |  |

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| **Student’s Additional Contact Information** | | | | | | |
| **The student must provide the telephone number of at least one person (e.g., friend, roommate, relative) who can be contacted in case the connection with the student is lost with no possibility of re-connection or for emergencies.**  **This information must be communicated to the Neutral Chair and will be used only for the above stated purposes.**  *Name of contact person(s): Telephone number(s):* | | | | | | |
| **Student’s Acknowledgement** | | | | | | |
| **The student’s signature below acknowledges the arrangements for the remote examination.** | | | | | |
| *Date:* | | | | *Student’s Signature:* | |
|  | | | | | | |
| **Program’s Acknowledgement** | | | | | | |
| **The Graduate Program Director's signature below verifies That:**  The student has requested and accepts to take the examination remotely (*Documentation must be kept on file*).  All committee members are aware and agree with the arrangements for the remote examination.  Arrangements have been made for stable and reliable communication during the examination.  The Neutral Chair has been provided with contact information in case of emergency or unanticipated situations. | | | | | | |
| Date:GPD’s name: | | | *GPD’s Signature*: | | | |
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| ***For Faculty of Graduate Studies use only*** | | | | | | |
| **Request**  **Approved**  **Not Approved** | | | | | | |
| *Date:* | | *Dean, FGS (or designate) Signature:* | | | | |