



MSC PROPOSAL REQUEST FORM

Please read the information on MSc Proposal Defence in the Graduate Department of Kinesiology Handbook. All students are required to complete this form and return it to the Graduate Department of Kinesiology (grad.kpe@utoronto.ca/BN110) at least three weeks before the prospective defence date.

STUDENT'S NAME: _____ STUDENT #: _____

STUDENT'S EMAIL ADDRESS: _____

THESIS TITLE: _____

Please note that defences will only take place between 9-11:30 AM and 1:30-5 PM

DATE & TIME: _____ ROOM #: _____

EQUIPMENT: _____
(ie. TELECONFERENCE PHONE / SKYPE, etc.)

SUPERVISORY COMMITTEE MEMBERS:

EMAIL ADDRESSES:

SUPERVISOR: _____

CO-SUPERVISOR: _____
(if applicable)

MEMBER: _____

MEMBER: _____

NON-VOTING
MEMBER: _____
(if applicable)

SIGNATURES:

Student: _____

Date: _____

Supervisor: _____

Date: _____