



## PHD PROPOSAL DEFENCE REQUEST FORM

- Students should ensure they have read the information on pages 13-14 of 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 PhD Proposal Defence date.

STUDENT NAME: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

STUDENT 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: \_\_\_\_\_

\_\_\_\_\_

MEMBER: \_\_\_\_\_

\_\_\_\_\_

NON-VOTING  
MEMBER: \_\_\_\_\_  
(if applicable)

\_\_\_\_\_

**SIGNATURES:**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_