

2022-06-10
12:26 PM

***** School of Graduate Studies *****
- EXAMINATION COMMITTEE NOMINATION FORM -

Department: Institute of Medical Science

Student Name: Sample
Person Id : 1234

Thesis Title

Sample

Supervisor : Prof. Sample

Location: Remote
Room: Remote
Date: 2022-08-29
Time: 13:00

External Appraiser : Sample
Institutional Affiliation: University of Sample
Area of Specialization : Sample

Will attend in person? : N

Examination Committee

Members from the Supervisory Committee

SUP Prof. Sample

REG Sample
REG Sample

Members not from the Supervisory Committee

REG Sample