

Student Name: _____

Student ID: _____

Project Supervisor(s): _____

Project Title: _____

IMPORTANT: All research involving humans, whether funded or not, conducted within the university or by faculty, staff, or students affiliated with the university must be reviewed and approved to protect research participants and ensure that research is conducted in an ethical manner. No research on human participants shall be undertaken without the prior approval of the Research Ethics Board (REB).

Does your research involve any human participation? **Yes** **No**

Did you obtain all the required approvals from the Research Ethics Board? **Yes** **No**

Did you obtain confirmation that all committee members are available and will attend this exam?

Yes **No**

Oral Presentation Committee

A Master's project presentation committee must consist of: One (1) non-voting Chair, the student's Supervisor(s) and at least one (1) Aerospace faculty member.

Chair *Department*

Member *Department*

Member *Department*

Member *Department*

*External Member (optional)** *Affiliated University/Company*

*Please complete this section for any External Member in the Oral Examining Committee:

Name: _____

Position: _____

Address: _____

Phone Number: _____ E-mail: _____

Presentation Details

Examination Date: _____ Time: _____ a.m./p.m. ² Room: _____
DD/MM/YYYY

Student Signature Date

Supervisor's Signature Date

Program Director's Signature Date

1. If any multimedia presentation equipment is required for the examination students are responsible in making advance booking arrangements with the Media Services office located in room KHE227, e-mail avhelp@torontomu.ca or 416-979-5000 ext. 554444.
2. Room will be booked by the graduate program office. If the presentation is virtual (e.g., via Zoom) please indicate 'virtual'. If virtual the presentation Chair will book the meeting and will send the invitation to the examination committee, supervisor(s) and student.
3. Students have the option of pre-recording a video of their presentation and sharing it with their committee prior to their scheduled oral presentation. Please discuss this option with your supervisor and presentation Chair. For examples of videos please visit the program's presentation page at <https://www.torontomu.ca/aerospace/graduate/presentations/>.

Note: As per the Faculty Handbook, the responsibilities of the **Faculty Advisor and Members of the Supervisory Committee** include: 'Knowing the program and university regulations and standards for a dissertation, thesis or major project, and ensuring that the Graduate Student is aware of them. The dissertation, thesis or major project must be of an acceptable standard prior to submission to the Examining Committee; if the members of the Supervisory Committee believe that it is not ready for submission, or will not be ready within a particular time, the Graduate Student, the Program Director, and the Dean of Graduate Studies must be informed of the reasons in writing'. If the student chooses to proceed against the recommendation of his/her supervisor or supervisory committee, the Program Director, School of Graduate Studies Dean and the student must be informed in writing that the supervisor or supervisory committee considers it not ready for defense.



Image Consent Form - General Use

Photographs, Videos and Recordings

I hereby grant permission to Toronto Metropolitan University and its representatives to photograph and video me, and otherwise capture my image, and to make recordings of my voice of the event or location noted below".

Event/Location _____ Date _____

I further grant to Toronto Metropolitan University and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute these images and recordings in any media now known or later developed for promoting, publicizing or explaining Toronto Metropolitan University and its activities and for administrative, educational or research purposes. I acknowledge that Toronto Metropolitan University owns all rights.

First and Last Name (Printed)

Signature

Date

E-mail

Phone

I hereby grant permission to Toronto Metropolitan University to use my name with these images and recordings.

Signature

Date

Protecting Your Privacy: In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act (1990), personal information including images and recordings in connection with this form is collected under the authority of the Toronto Metropolitan University Act (1977) and will be used for promoting, publicizing or explaining Toronto Metropolitan University and its activities and for administrative, educational or research purposes. Personal information may be disclosed to outside service providers for processing and production. If you have any questions about the collection of personal information by Toronto Metropolitan University as referenced on this form, please contact: Information and Privacy Coordinator, Toronto Metropolitan University, 350 Victoria St., Toronto, ON M5B 2K3, 416-979-5000 ext. 4676, fippa@ryerson.ca.