

AEROSPACE ENGINEERING PROGRAM YEATES SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES

Preliminary Dissertation Examination Scheduling Request

Student Name:	Student ID:	
Title of Research Proposal	·	
Supervisor(s):		
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Does your research involve any human particip	eation? Yes	No
Did you obtain all the required approvals from t	the Research Ethics Board? Yes	No
Did you obtain confirmation that all committee mem	obers are available and will attend this ex	am? Yes No
		u 165 NO
confirm the thesis is $\underline{\text{not}}$ manuscript-style (please	cneck box to confirm):	
Examination Committee		
 Chair		
Chail	Department	
 Member	 Department	
Wellidel	Бера і (тепс	
 Member	 Department	
Member	 Department	
Member	 Department	



AEROSPACE ENGINEERING PROGRAM YEATES SCHOOL OF GRADUATE STUDIES

Examination Date:DD/MM/YY	Time:	a.m./p.m. ¹ Room:
Student's Signature		visor's Signature
Program Director's Signature	 Date	
	_	kam is virtual (e.g., via Zoom) please indicate 'virtual'. ill send the invitation to the examination committee,



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