

## **Prospectus Defense Request**

| Student Name: Student Number:  |                   |
|--|-------------------|
| Email address:   |                   |
|  |                   |
| Date of Prospectus Defense:  |                   |
|  |                   |
| Title of thesis:   |                   |
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| Supervisory Committee Members: Please sign below to acknowledge that you                     | ı:                |
| a) have read the latest version of the prospectus,   |                   |
| b) agree that the prospectus can reasonably be expected to lead to a disse                   | •                 |
| work of research and analysis which makes a scholarly contribution to                        | -                 |
| c) confirm that the student is ready to defend the prospectus at an oral d                   | etence.           |
| Principal Supervisor:  |                   |
|  |                   |
| Committee Member:  |                   |
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| Committee Member:  |                   |
|  |                   |
| Committee Member:  |                   |
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|  |                   |
| Will Zoom be required: Circle Yes or No  |                   |
| Kindly submit the completed form by email to Joanne Chung, the Graduate Pro                  | ogram Advisor at: |
| jchung@allard.ubc.ca no less than two weeks before the proposed date of the prospectus exam. |                   |
|  |                   |
| For office use only:   |                   |
| Name of Exam Chair:  |                   |
| Room Number Booked:  |                   |
| Zoom Link:   |                   |