

MEMO TO: School of Graduate Studies**SUBJECT: Examination Committee for** _____
Name of Candidate Student ID MRP Thesis Dissertation

Title:

All have agreed to serve on the Examination Committee:

Name of Co-Research Supervisor_____
Name of Co-Supervisor (if applicable)_____
Name of Committee Member (if applicable)_____
Name of Second Committee Member (if applicable)_____
Name of Third Committee Member (if applicable)_____
Name of Fourth Committee Member (if applicable)_____
Name of External Examiner_____
Name of Internal Examiner (Dissertation only)_____
Name of Graduate Program Coordinator/Chair_____
Name of Examination Committee Chair_____
Department/Faculty**Please submit complete forms and any supporting documents to the School of Graduate Studies at sgs@nipissingu.ca**