

Graduate Program in Development Studies

Recommendation for Oral Examination

****FORM MUST BE SUBMITTED TO THE PROGRAM OFFICE TWO WEEKS BEFORE ORAL EXAMINATION****

Surname	Given Name(s)	Student Number
Email	Program	Degree

Title of MRP:

The Supervisory Committee has read the above student's MRP and agrees that it is ready to go to the oral defense as signified below.

Supervisor: _____ *Signature:* _____

Member: _____ *Signature:* _____

I recommend the following examining committee, time, date and place: All members have agreed to serve, once signed by the Director.

Date	Time	Building & Room
		<i>Location will be arranged and advised by Program Office</i>

****Students are responsible for arranging presentation equipment, if required****

Supervisor _____ **Program:** _____ **Email:** _____

Member _____ **Program:** _____ **Email:** _____

Director, Graduate Programme

Date