

Department of Civil Engineering, York University
Research Proposal Presentation and Defense Request Form

Please consult the Department of Civil Engineering's Policies and Procedures for Research Proposal Presentation and Defense before completing this form.

Student's Name: _____ Student Number: _____

Supervisor's Name: _____
[In case of joint supervision, please provide names of all the co-supervisors.]

Research Project Title: _____

Major Area of Research: _____

Date and Time for the Presentation and Defense: _____

Venue: _____

Examination Committee Members in addition to the Supervisor(s):

Expert Reviewer #1	Expert Reviewer #2
Name: _____	Name: _____
Title and Position: _____	Title and Position: _____
Affiliation: _____	Affiliation: _____
E-mail: _____	E-mail: _____
Examination Committee Chair (GPD or GPD's Designate)	
Name: _____ Email: _____	

Signature of the Student: _____

Signature of the Supervisor(s): _____

Approval of the Graduate Program Director (GPD): _____

Date: _____