



# ORAL EXAMINATION

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PROPOSAL DEFENSE

FINAL DEFENSE

Date: \_\_\_\_\_

TITLE: \_\_\_\_\_

Name of Student	Student No.	Program of Study

Schedule of Presentation: \_\_\_\_\_  
Email: \_\_\_\_\_

Mobile # \_\_\_\_\_

DATE APPLIED FOR

Day

Time

## CONFORME

We hereby agree to the scheduled date of the oral examination. We also certify that a draft copy of the paper was given to us a week ahead of the scheduled oral examination.

Examination Committee	Printed Name	Signature	Date
Advisor			
Advisor			
Panel Member 1			
Panel Member 2			
Panel Member 3			
Panel Member 4			
Course Coordinator/			

### APPROVALS

COURSE INSTRUCTOR : \_\_\_\_\_ DATE: \_\_\_\_\_

PROGRAM CHAIR : \_\_\_\_\_ DATE: \_\_\_\_\_