

**BOOKING MASTER'S THESIS DEFENSE**  
**Resource Management and Environmental Studies, UBC**

The student submits this completed form to Graduate Manager in Room 430 of the AERL building a minimum of three weeks prior to the proposed defence date.

**NOTE:** A copy of the student's abstract and thesis title page must accompany this form.

I have read the thesis, I agree that it is ready to be defended and I have obtained the agreement of the other members of the examining committee to scheduling the defence as indicated below.

Research Supervisor: \_\_\_\_\_  
(Signature)

Date of Defence: \_\_\_\_\_  
Time of Defence: \_\_\_\_\_  
Building / Room #: \_\_\_\_\_

Student \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Thesis Title \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Research Committee Member \_\_\_\_\_ Title \_\_\_\_\_  
Dept / Company (if not RMES) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_

Research Committee Member \_\_\_\_\_ Title \_\_\_\_\_  
Dept / Company (if not RMES) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_

### Audio/Visual Equipment

Equipment must be picked up at the main office at AERL – Room 428/29 (please check appropriate box/es): **AVOID THE STRESS OF TECHNICAL PROBLEMS BY ARRANGING TO PRACTICE WITH THE MULIMEDIA PROJECTOR AT LEAST ONE DAY IN ADVANCE OF YOUR PRESENTATION**

- LCD Projector                       Dell Laptop
- Slide Projector                       Overhead                       TV/VCR

### REQUEST FOR EXEMPTION FROM MINIMUM SCHEDULING REQUIREMENTS

Only in extraordinary circumstances will an exception be made to the minimum time requirements for scheduling a thesis defence as stated in the RMES handbook. In such circumstances, it is the responsibility of the student to provide a written request to the Research Committee. Exceptions will only be authorized when they are acceptable to all members of the Examining Committee and is confirmed by the signature of the Research Supervisor (below).

*Students reason for an exemption:*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

*Research Supervisor's Response:*

- Approved                       Denied

Comments (must be completed by Research Supervisor if request is denied):

\_\_\_\_\_  
Signature of Research Supervisor

\_\_\_\_\_  
Date