

REQUEST FOR RESTRICTED ORAL EXAMINATION

Student Name:	Student ID:
Program of Study:	Degree:
Admit Date:	Status: Full Time Part Time
Supervisors Name:	

UNBC is a publicly funded institution and much of the research is sponsored by government funding. As such, UNBC has an obligation to ensure that the results and the research conducted and is presented for the benefit of the public through the presentation and oral examination of theses, projects and dissertations. However, because in some circumstances it would be detrimental to the author or the sponsor of the research to conduct a public presentation, the author of a thesis, project or dissertation may request a restricted oral examination. Requests for a restricted Oral Examination may be submitted for concerns regarding the publication or disclosure of the research conducted or for any other persuasive reasons.

Attendance to the restricted oral examination will include the following persons: the Chair of the defence, the Examining Committee, and the degree Candidate. No other persons will be in attendance without the permission of the requestor or the Office of Graduate Programs. Anyone in attendance will not disclose any information about what is presented and discussed for a period of 12 months (1 Year). A declaration of such confidentiality will be acknowledged by all in attendance by signature prior to the beginning of the defence.

This request must be submitted with the Request for Oral Examination to the Office of Graduate Programs. Please contact the Office of Graduate Programs with any concerns or questions regarding the request of a restricted defence.

Provide reasoning below for the request for a restricted oral examination:

I acknowledge that confidential material may be presented at this oral examination.

Student:

<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
-------------------	------------------	-------------

Supervisor:

<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
-------------------	------------------	-------------

Approved	Office Use Only	
Denied		
Dean (or designate):	<i>Print Name</i>	<i>Signature</i>
	<i>Print Name</i>	<i>Date</i>

REQUEST FOR RESTRICTED ORAL EXAMINATION

Restricted Defence Declaration Page

To be signed on the date of defence prior to the defence proceedings.

Signing this document indicates that you acknowledge that no persons beyond the Chair, Committee, and Candidate will be in attendance without the permission of the requestor or the Office of Graduate Programs. You will not disclose any information pertaining to what is presented and discussed for a period of 12 months (1 Year) and will uphold confidentiality regarding the information and materials related to the defence, including the thesis, project, or dissertation, presentation materials, and any other documentation.

Chair: Name: Signature: Date:

Supervisor: Name: Signature: Date:

Co-Supervisor: Name: Signature: Date:

Committee Member: Name: Signature: Date:

Committee Member: Name: Signature: Date:

Committee Member: Name: Signature: Date:

External Examiner: Name: Signature: Date:

Candidate: Name: Signature: Date:

This form page is submitted to the Office of Graduate Programs with the Results Page at the conclusion of the defence.