

**School of Interactive Arts and Technology (SIAT)
Faculty of Applied Science**

THESIS DEFENCE

LAST NAME: _____ FIRST NAME: _____

PROGRAM: _____

DATE: _____

LOCATION: _____

TIME: _____

THESIS TITLE: _____

EXAMINING COMMITTEE

	Name	Rank	Department/Institution
CHAIR	_____		
SENIOR SUPERVISOR	_____		
SUPERVISOR	_____		
INTERNAL EXAMINER	_____		
EXTERNAL EXAMINER	_____		

CREDENTIALS

Date	Degree	Field of Study	Institution

PUBLICATIONS

Date	Title

AWARDS

Date	Award Name

THESIS DEFENCE

ABSTRACT

TITLE