

MSW ORAL DEFENSE REQUEST FORMUniversity of Toronto
Faculty of Social Work

Please complete the following form to request an Oral Examination to defend your MSW Thesis. Submit the form to the MSW Program Director, **four weeks prior** to your defense date.

MSW STUDENT INFORMATION

Student's Name:	
Current Mailing Address:	
Phone: Home	Work
E-mail Address:	

DEFENSE INFORMATION

Defense Date:	Defense Time:
Preferred Defense Location:	
Thesis Title:	

MSW EXAMINATION COMMITTEE INFORMATION

External Reviewer/Examiner	Voting Member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:			
Position:		Dept.:	
Institution:			
Mailing Address:			
City:	Prov.:	Postal Code:	
Area of Specialization:			

Thesis Supervisor	Voting Member
Name:	
Position:	
Institution:	
Mailing Address:	
City:	Postal Code:
Area of Specialization:	

Examiner	Voting Member	
Name:		
Position:	Dept.:	
Institution:		
Mailing Address:		
City:	Prov.:	Postal Code:
Area of Specialization:		

Examiner	Voting Member	
Name:		
Position:	Dept.:	
Institution:		
Mailing Address:		
City:	Prov.:	Postal Code:
Area of Specialization:		

Chairperson	Nonvoting Member	
Name:		
Position:	Dept.:	
Institution:		
Mailing Address:		
City:	Prov.:	Postal Code:

ORAL DEFENSE AUDIO-VISUAL NEEDS**Overheads or Slides**

Overhead Projector: Yes No Slide Projector: Yes No

Computer Presentation*

Digital Projector: Yes No Computer: Yes No

* Note: Most students use their own laptop computers, however, a portable computer system may be available from AV services for use if necessary. The digital projector is also subject to availability.

Remote Access to Examiner

Conference Call: Yes No Phone #:

Name of Examiner to be accessed by phone:

Other AV Needs

Describe: _____

ABSTRACT

Attach a 150-word (one page limit) abstract of your thesis. At the top of the abstract provide:

- Your name
- Title of thesis
- Defense date

BIOGRAPHY

Attach a short (one paragraph) biography indicating your focus of study and educational background.