

# NOVA SCOTIA AGRICULTURAL COLLEGE GRADUATE PROGRAM

## ATC EXAMINATION PLANNING FORM

To be completed by the student in consultation with the supervisory committee. It is the responsibility of the student and the supervisory committee to provide date(s) and time(s) when **all** members are available to attend the ATC exam. This form is to be completed in detail and submitted to the Research & Graduate Studies office a minimum of three weeks before the proposed date of the examination along with the ATC document (research proposal).

### A. STUDENT INFORMATION

<b>Name:</b>	<b>Student ID</b>	<b>Department of Study</b>
<b>Address:</b>		
<b>Email:</b>	<b>Phone #</b>	

### B. RESEARCH AND SUPERVISORY COMMITTEE

1. Proposed Thesis Title:

2. Supervisory committee (*important that all information is completed below*)

Name	Phone #	email	Mailing Address
<b>SUPERVISOR(S):</b>			
<b>Committee member:</b>			
<b>Committee member:</b>			
<b>Committee member:</b>			
<b>Committee member:</b>			

5. Have you attached sufficient copies of the ATC document (One copy for each member of your Committee, the External Examiner, the Chair and the Graduate Coordinator)? Yes/No

6. Have you attached a copy of the Part 1 ATC Examination form to each copy of your ATC document? Yes/No
7. Have all of your committee members received a copy of your ATC document? Yes/No
8. Have you had a committee meeting to discuss your research? Yes/No

**C. PROPOSED ATC EXAMINATION DATES/TIME (mark an “X” in the box for dates/times that you and your supervisory committee are all available to attend).  
*\*\*Be sure to include the calendar date under the day of the week.***

Time/Date	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Date **</b>					
<b>9:00 -11:30</b>					
<b>1:30 -4:00</b>					

**D. SUGGESTED EXTERNAL EXAMINERS (list the names of three potential external examiners with their contact no. and mailing address. NSAC faculty who are members of the Faculty of Graduate Studies, Dalhousie University may act as external examiners for ATC examinations.)**

Name	Phone	E-mail	Mailing Address

**C. ROOM PREFERENCE [A SPECIFIC ROOM CANNOT BE GUARANTEED FOR YOUR EXAM. HOWEVER, IF YOU HAVE A PREFERRED ROOM(S), PLEASE LIST THE ROOM NUMBER(S) BELOW]**

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**F. It is the student’s responsibility to book any audiovisual equipment (e.g. computer projection unit, laptop computer, overhead projector) that he/she will require during the examination.**

Signature of the graduate student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Supervisor(s): \_\_\_\_\_ Date: \_\_\_\_\_