

**HONOURS FORM 2**  
**Agreement to act on**  
**Honours Oral**  
**Examination Committee**

*This form should be completed by each person who has agreed to act as an examining committee member. The Student should forward it to the Honours Administrative Assistant by mid-January.*

I agree to act as an Examining Committee Member for the following candidate. I understand that, unless I choose to offer additional guidance to the student, my duties will be limited to participating in the student's Oral Examination and advising the Supervisor regarding the final grade. The final grade will be awarded by the Supervisor. This examination will normally take place during the Winter term examination period.

**Name of Candidate:**

**Name of Honours Committee Member**  
**(please print):**

**Faculty/Department:**

**Signature:**

**Date:**