



GRADUATE STUDIES
– Final Oral Examination Report

Note: To be returned to the office of the Dean of Graduate Studies after the thesis defense.

Last Name: _____ First Name: _____

ID #: _____ Department: _____

Thesis Title: _____

Program Start Date: _____

Date of Thesis Defense: _____

Proposed Final Thesis Submission Date: _____

- THESIS:**
- Satisfactory / Requires minor revisions
 - Unsatisfactory/Requires major revisions and further committee review*
 - Nominate for Governor General’s Gold Medal**

- DEFENSE:**
- Satisfactory
 - Unsatisfactory

Committee Comments (*if the thesis requires major revisions, indicate specific research data and/or thesis revisions that are required, and Committee plans to further monitor progress; Note that there is a time limit of one year for re-submission of the thesis and/or re-defense; attach additional pages if necessary):

Committee Comments

Examination Committee Signatures:

Graduate Studies Chair (or representative)

External Examiner

Supervisor

Co-Supervisor/Committee Member

Committee Member

MSc Candidate
