



**GRADUATE STUDIES**  
– Final Oral Examination Report

Fillable form: open in Adobe Acrobat and click Fill & Sign

**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