



FACULTY OF EDUCATION – MASTER'S ORAL THESIS EXAMINATION FORM

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information will be used to process the master's oral thesis examination.



FACULTY OF EDUCATION – MASER'S ORAL THESIS EXAMINATION RESULT FORM

STUDENT NAME:		STUDENT #:	
DEFENSE DATE:		TIME	
DEGREE :	MED	FACULTY:	EDUCATION

RESULT

List required changes (if any) and person(s) who must verify the changes (use a separate page if necessary)

NOTE: If necessary, this form may be photocopied and passed along to the examiner responsible for confirming required revisions.

Date _____ CpsS _____

IMPORTANT *In all cases of a _____, the nature of the revisions and/or additional work, and/or the deficiencies associated with the oral thesis examination, must be specified in writing by the Chair to avoid dispute or ambiguity. When outlining the revisions and/or additional work required, and/or the holding of a second oral thesis examination, the Chair must be as specific as possible. **T**

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isb _____

After defense, submit by e-mail this form com. 949604Tj157 TwJTJ6252.0do Twc 0 T252.0dsa8Tw 55.4(c1 Tw (b)Tj -0418 Tw 16.t)211 Tw ()

