



Queen's
UNIVERSITY

ARTS & SCIENCE – MASTER'S ORAL THESIS EXAMINATION FORM (§ 5 7 &, ARTH, CLAS, CUST, ENGL, FRAN

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.

STUDENT NAME:		STUDENT#:	
DEFENSE DATE:		TIME:	
LOCATION:		DEPARTMENT:	
E-MAIL(S):		DEGREE:	
THESIS TITLE:			

COMMITTEE

NAME :



ARTS & SCIENCE – MASTER’S ORAL THESIS EXAMINATION RESULT FORM

STUDENT NAME:		STUDENT#:	
DEFENSE DATE:		TIME:	
DEGREE:		DEPARTMENT:	

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.

Please check the boxes according to each examiners vote, signatures will not be required.

Date: _____ Chairperson's Signature: _____

IMPORTANT: *In all cases of referral, 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. These comments will be passed on to the candidate in a letter from the School of Graduate Studies. D Q G 3 R V W G R F U D O \$ I I D L U V as revisions and/or improvements that must be met for the thesis to be reconsidered.

After defense, submit by e-mail this form completed and signed by each committee member including the chair with the conduct I R U P V W R W K H V L V # T X H H Q V X F D





ARTS & SCIENCE – MASTER'S ORAL THESIS EXAMINATION CONDUCT FORM

STUDENT NAME:		DEPARTMENT:	
DEFENSE DATE:		DEGREE:	

7. After the oral thesis examination, the Chair will ask for comments from the Examining Committee on the conduct of the examination and will provide a report to the Head of the Department or Graduate Coordinator and to The School of Graduate Studies D Q G 3 R V W G R F W R U D O \$ I I D L U V.

Please comment on the conduct of the examination. If the structure of the examination deviated from the written procedures or the process was unfair in any way, please indicate the nature of the concern.

COMMENTS:

DATE:

SIGNED:
