APPLIED SCIENCES - MASTER'S ORAL THESIS EXAMINATION FORM (MASC) - CHEE, CHEM, CIVL, ECEN, PEPA, GSGE, MAST, MEME, MINE

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.

All Master's Oral Thesis Examinations are OPEN unless a request based on justifiable reasons has been approved by an associate dean (SGSPA) - (See Regulation http://www.queensu.ca/calendars/sgsr/Thesis.html Attendance at the oral thesis examination)

STUDENT NAME:			STUDENT#:				
DEFENSE DATE:			TIME:				
LOCATION:			DEPARTMENT:				
E-MAIL	.(s):		DEGREE:	MASC			
THESIS	S TITLE:						
Сомміттее		NAME:	DEPT:	FOR SGSPA OFFICE USE:			
CHAIR: (HEAD OR DELEGATE)							
SUPER	VISOR(S)						
EXAMINER (Internal):							
EXAMINER (see a, b or c below):							
	1211 (666 a, 2 6. 6 26.6.1).						
a) b) c)		iner from the department OR iner from external department OR eptional circumstances, (see note 1. Below), external to Queen's University					
	NOTES:						
1.	University, a suitable member Studies and Postdoctoral Affai	the exceptional case, where a faculty member of another Department, with sufficient expertise, cannot be found within Queen's niversity, a suitable member from another nearby institution may be recommended for the approval of the Dean of the School of Graduate tudies and Postdoctoral Affairs.					
2. 3 ,		sis examination committee is not a voting member of the Master's Thesis Examination Committee		phartment approval of both the			
·	Departmental Graduate Coo	rdinator and the Department Head shall be requ	ired.				
		ay proceed, the student must be curre	ently REGISTERED	D and paid all fees and			
	ompleted all course req						
Submit this form by e-mail - completed and signed at least 10 working days before the defense to SGSPA							
thesis@queensu.ca and include the following: 1) transcript and 2) co-authorship form (if applicable)							
,							
Exam confirmed with: (e-mail sent)		Supervisor(s):					
Student							
	Chair						
	Examining Committee	Graduate Coordinator: (or Head, if Grad Coordinator is the supervisor)					
	SGSPA	Department Head: (see #3 above)					
Date:							

For SGSPA Office Use Only: Transcript checked by:

APPLIED SCIENCE CHEE, CHEM, CIVL, ECE			SIS EXAMINATION F	RESUL	FORM		
STUDENT NAME:			STUDENT#:				
DEFENSE DATE:			TIME:				
DEGREE:	MASTER OF A	PPLIED SCIENCE	DEPARTMENT:				
RESULT:	PASSED	PASSED WIT	TH MAJOR REVISIONS		REFERRED		FAILED
List required chance	ues (if any) and	person(s) who m	ust verify the changes	(use a se	eparate pag	e if nece	ssarv)
NOTE: If page and the	this form may be	conied and naces	d clang to the everyings	o o o o o ib la	o for confirm	io a roquir	o.d
revisions.	this form may be	copied and passed	d along to the examiner r	esponsible		ing requir	ea
COMMITTEE	NAME:	DE	PARTMENT:	PASS	PASS MAJ. REV.	*REFER	FAIL
SUPERVISOR(S)							
EXAMINER (INT.)							
EXAMINER:							
EXAMINER:							
Date:	_ Chairperson	's Signature:					
deficiencies associated voutlining the revisions are specific as possible. The Postdoctoral Affairs as	with the oral thesis nd/or additional wo se comments will a revisions and/or	examination, must be rk required, and/or th l be passed on to th improvements that	s and/or additional work, and specified in writing by the e holding of a second oral e candidate in a letter from must be met for the these by each committee member	Chair to avenue thesis exame the School is to be received.	nination, the Cool of Gradua considered.	Chair must ate Studie	be as s and
to thesis@queensu.ca.							

Completion Date:

Convocation Session:

APPLIED & SCIENCES - MASTER'S ORAL THESIS EXAMINATION CONDUCT FORM

CHEE, CHEM, CIVL, ECEN, PEPA, GSGE, MAST, MEME, MINE

DATE:

STUDENT NAME:		STUDENT#:							
DEFENSE DATE:		DEGREE:	MASTER OF APPLIED SCIENCE						
DEPARTMENT:									
After the oral thesis examination, examiners are to submit this report on the conduct of the examination to the Head of the Department or the Graduate Coordinator. In particular, any member of the committee who is external to the candidate's home department shall submit this report.									
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:									

SIGNED: