## ARTS & SCIENCES - MASTER'S ORAL THESIS EXAMINATION FORM (MSC)-

BIOL, CHEM, COMP, ENSC, GPPL, GSGE, KHS, MAST, PEPA, PSYC

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.

		Examinations are OPEN unless a request based of (See Regulation <a href="http://www.queensu.ca/calendars/sgsr/l">http://www.queensu.ca/calendars/sgsr/l</a>				
STUDE	ENT NAME:		STUDENT#:			
DEFE	NSE DATE:		TIME:			
LOCATION:			DEPARTMENT:			
E-MAIL(S):			DEGREE:	MASTER OF SCIENCE		
THESIS TITLE:						
Сомміттее		NAME:	DEPT:	FOR SGSPA OFFICE USE:		
CHAIR: (Dept. Head or delegate see ii & iii below)						
Supervisor(s)						
EXAMINER (Internal):						
<b>EXAMINER</b> (see iv below):						
(i)		mbers of the Master's Thesis Examination Committee are Coordinator and the Department Head shall be required.	internal to the departm	ent, approval of both the		
(ii)	The Chair of the Maste	's Thesis Examination Committee is not a voting member	of the committee.			
(iii)	The student and/or the supervisor(s) may request that the Chair be external to the student's home department. If this is the case, the Head or Head's Delegate would assume a seat on the Examination Committee and would be a voting member.					
(iv)	Departments should try to find a suitable faculty member external to the student's home department to serve on the committee. Where a faculty member external to the department, with sufficient expertise, cannot be found within Queen's University, a suitable member from another nearby institution may be recommended for approval by the Dean of the School of Graduate Studies and Postdoctoral Affairs. However, a faculty member from within the student's home department is also permitted (see Note (i) above).					
	the oral examinate ompleted all cours	on may proceed, the student must be curre e requirements.	ently REGISTERE	D and paid all fees and		
thesis@	<u> queensu.ca</u> and in	<ul> <li>completed and signed at least 10 working da clude the following: orship form (if applicable)</li> </ul>	ys before the defer	nse to SGSPA		
Exam confirmed with:		Supervisor(s):				
(e-mail sent) Student						
	Chair					
	Examining Commit	tee Graduate Coordinator: (or Head, if Grad Coordinator is the supervisor)				
Doto	SGSPA	Department Head: (see (i) above)				
Date:						

For SGSPA Office Use Only: Transcript checked by:

STUDENT NAME:				STUDENT#	<b>#</b> :				
DEFENSE DATE:				TIME:					
DEGREE:	MASTER	MASTER OF SCIENCE			DEPARTMENT:				
RESULT:	PASSED	PASSE	D WITH MAJOR F	REVISIONS		REFERRE	D	FAILE	D
List required cha	nges (if anv	) and perso	n(s) who must v	erify the ch	anges	(use a se	eparate pac	ne if nece	essar
NOTE: If necessar	v. this form m	nav be photo	copied and passe	d along to th	e exam	iner respo	onsible for c	onfirmina	
	/, this form m	nay be photo	copied and passe	d along to th	e exam	iner respo		onfirming	
required revisions.	/, this form m	nay be photo	copied and passe		e exam	iner respo	PASS MAJ. REV.	*DEEED	FAI
required revisions.		nay be photo	· · · · · · · · · · · · · · · · · · ·		e exam	·	PASS	*DEEED	FAI
NOTE: If necessary required revisions.  COMMITTEE  SUPERVISOR(S)		nay be photo	· · · · · · · · · · · · · · · · · · ·		e exam	·	PASS	*DEEED	FAI
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required revisions.	NAME:  Chairpe cases of referred with the oral	erson's Sig	peparature:	rMENT:	work, an	PASS  d/or the Chair to av	PASS MAJ. REV.	*REFER	. Wh

Completion Date:

Convocation Session:

## ARTS & SCIENCES - MASTER'S ORAL THESIS EXAMINATION CONDUCT FORM

BIOL, CHEM, COMP, ENSC, GPPL, GSGE, KHS, MAST, PEPA, PSYC

DATE:

STUDENT NAME:	STUDENT#:							
DEFENSE DATE:	DEGREE:	MASTER OF SCIENCE						
DEPARTMENT:								
For the Chair:								
Following the oral examination, in the space provided below please indicate if you or the examiners had any concerns regarding the conduct of the examination.								
For example, if the structure of the examination deviated from the written procedures or the process was unfair in any way.								
Likewise, if there were no concerns regarding the conduct of the examination please indicate this as well.re of the concern.								
COMMENTS:								

SIGNED: