

SCHOOL OF GRADUATE STUDIES

Master's Thesis Committee Report

Student Name:				
Thesis Title:				
Student ID:		Department:		
Thesis Defence Date:		Oral Defence? O Yes O No Room:		
Examining Committee	decision:			
Accepted	Not Accepted			
Note: Minor edits and type	ographic editoria	lls do not require	e supervisor oversight	
Thesis Ranking: Outstanding	O Excellent	Very Good	O Satisfactory	O Unsatisfactory
Comments:				
Committee Compositi List all members of the Ex		nittee (includin	g supervisor(s))	
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Supervisor Name:		Supe	rvisor Signature:	alina vapai
Graduate Program Dire	ctor Signature	Chris Lie	un Sigouni Da	te:

Following the evaluation of a submitted Master's thesis by the Examining Committee, it is the responsibility of the Graduate Program to forward to the Thesis Office a completed Master's Thesis Evaluation Report that reflects the final decision of the Examining Committee.