

Master's Thesis Committee Report

Student Name:

Thesis Title:

Student ID:

Department:

Thesis Defence Date:

Oral Defence? ☐ Yes ☐ No

Room:

Examining Committee decision:

Accepted

Not Accepted

*Note: Minor edits and typographic editorials do not require supervisor oversight***Thesis Ranking:**☐ Outstanding ☐ Excellent ☐ Very Good ☐ Satisfactory ☐ Unsatisfactory**Comments:****Committee Composition:**

List all members of the Examining Committee (including supervisor(s))

Supervisor Name: _____ Supervisor Signature:  _____

Graduate Program Director Signature: _____ Date: _____

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.

Electronic copies must be submitted no later than one month after the defence date to: thesis@concordia.ca