



ARTS & SCIENCE — MASTER'S ORAL THESIS EXAMINATION FORM

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 #:	
DATE:		E-MAIL(S):	
TIME:		DEPARTMENT:	
LOCATION:		OPEN/CLOSED DEFENSE:	Student signature required if Open.
THESIS TITLE:			

COMMITTEE:	NAME:	DEPARTMENT:
Chair:		
Supervisor(s):		
Head (or delegate):		
Examiner:		
Examiner:		

- At least one member of the Thesis Examination Committee shall be external to the candidate's home department.
- Normally, the Chair of the Thesis Examination Committee for Master's students in Health Sciences shall be external to the candidate's home department. However, a Chair from the candidate's home department is permitted, provided that one of the examiners is external to the candidate's home department. The Chair of the Master's Thesis Examination Committee is not a voting member of the committee.
- Normally, one of the examiners shall be external to the candidate's home department. However, all examiners could be from the candidate's home department, provided that the Chair of Committee is external to the candidate's home department.
- The Graduate Coordinator (or Head, if the Graduate Coordinator is a supervisor) shall be responsible for approving the composition of the Examining Committee and signing the applicable departmental form.

Note: Before the oral examination may proceed, the student must be currently REGISTERED and paid all fees and have completed all course requirements.

Exam Confirmed with:	Supervisor(s):	
<i>E-mail sent to:</i>	Graduate Coordinator:	
Student	(or Head, if the Graduate Coordinator is the supervisor)	
Chair		
Examining Committee		
Date:		



SCHOOL OF GRADUATE STUDIES

Master's Thesis Examination Result Form

Student Name:			
Student #:		Department:	
E-mail: <small>(Queen's; Dept; Personal)</small>			
Examination Date:		Time:	

Required changes (if any) and person(s) who must verify the changes (use a separate page if necessary)

Note: If necessary, this form can be photocopied and passed along to the examiner responsible for confirming required revisions.

COMMITTEE	NAME	DEPT	PASSED	REFERRED	FAILED	SIGNATURE
Supervisor(s)						
Examiner						
Examiner						
Examiner						
Chair: - Result <small>(Please sign)</small>						

Please send original form to SGS with the following:

- 1) Transcript
- 2) UMI Form
- 3) National Library Form
- and 4) co-author form (if applicable).

For SGS office use only:		
Completion Date		<i>Director, Admissions & Student Services</i>



Master's Oral Examination Conduct Report

Procedure 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 the report to the Head of the Department or Graduate Coordinator and to the School of Graduate Studies.

Student Name:		Department:	
Oral Exam Date:		Degree:	

EXAMINING COMMITTEE	NAME	DEPARTMENT
Chair:		
Supervisor(s):		
Head/delegate:		
Examiner:		
Examiner:		

1. Presentation of the candidates work _____
2. Calibre of questioning: _____
3. Response to questioning: _____

Comments: (should reflect what all the examiners thought of the defense):

Date: _____ Signed: _____