



Queen's
UNIVERSITY

GRADUATE STUDIES AND
POSTDOCTORAL AFFAIRS

ARTS & SCIENCE – MASTER'S ORAL THESIS EXAMINATION RESULT FORM

STUDENT NAME:		STUDENT#:	
DEFENSE DATE:		TIME:	
DEGREE:		DEPARTMENT:	

RESULT: ☐ PASSED ☐ PASSED WITH MAJOR REVISIONS ☐ REFERRED ☐ FAILED

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

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

COMMITTEE	NAME:	DEPT:	PASS	PASS MAJ. REV.	*REFER	FAIL
SUPERVISOR(S)						
EXAMINER (INT.)						
EXAMINER:						
EXAMINER:						

Please check the boxes according to each examiners vote, signatures will not be required.

Date: _____ Chairperson's Signature: _____

IMPORTANT: *In all cases of referral, the nature of the revisions and/or additional work, and/or the deficiencies associated with the oral thesis examination, must be specified in writing by the Chair to avoid dispute or ambiguity. When outlining the revisions and/or additional work required, and/or the holding of a second oral thesis examination, the Chair must be as specific as possible. **These comments will be passed on to the candidate in a letter from the School of Graduate Studies and Postdoctoral Affairs as revisions and/or improvements that must be met for the thesis to be reconsidered.**

After defense, submit by e-mail this form completed and signed by each committee member including the chair with the conduct form(s) to thesis@queensu.ca.

For SGSPA Office Use Only:

Transcript checked by:		Completion Date:		Convocation Session:	
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