APPLIED SCIENCES - MASTER'S ORAL THESIS EXAMINATION FORM (MASC) - CHEE, CHEM, CIVL, ECEN, PEPA, GSGE, MAST, MEME, MINE

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.

All Master's Oral Thesis Examinations are OPEN unless a request based on justifiable reasons has been approved by an associate dean (SGSPA) - (See Regulation http://www.queensu.ca/calendars/sgsr/Thesis.html Attendance at the oral thesis examination)

STUDENT NAME:			STUDENT#:				
DEFENSE DATE:			TIME:				
LOCATION:			DEPARTMENT:				
E-MAIL	.(s):		DEGREE:	MASC			
THESIS TITLE:							
Сомм	ITTEE	NAME:	DEPT:	FOR SGSPA OFFICE USE:			
CHAIR	(Head or Delegate)						
SUPER	VISOR(S)						
EXAMII	NER (Internal):						
EXAMINER (see a, b or c below):							
	1211 (666 a, 2 6. 6 26.6.1).						
a) b) c)	Examiner from external depart	aminer from the department OR aminer from external department OR exceptional circumstances, (see note 1. Below), external to Queen's University					
	NOTES:						
1.	University, a suitable member Studies and Postdoctoral Affai	e exceptional case, where a faculty member of another Department, with sufficient expertise, cannot be found within Queen's ersity, a suitable member from another nearby institution may be recommended for the approval of the Dean of the School of Graduate lies and Postdoctoral Affairs.					
2. 3 ,	The Chair of the Master's Thesis examination committee is not a voting member of the committee						
·	In cases where ALL members of the Master's Thesis Examination Committee are internal to the department, approval of both the Departmental Graduate Coordinator and the Department Head shall be required.						
		ay proceed, the student must be curre	ently REGISTERED	D and paid all fees and			
	ompleted all course req						
Submit this form by e-mail - completed and signed at least 10 working days before the defense to SGSPA							
thesis@queensu.ca and include the following: 1) transcript and 2) co-authorship form (if applicable)							
,							
Exam confirmed with: (e-mail sent)		Supervisor(s):					
(e-mail	Student						
	Chair						
	Examining Committee	Graduate Coordinator: (or Head, if Grad Coordinator is the supervisor)					
	SGSPA	Department Head: (see #3 above)					
Date:							

For SGSPA Office Use Only: Transcript checked by:

APPLIED SCIEN									
CHEE, CHEM, CIVL, ECE			IESIS E	EXAMINA	ATION <u>RE</u>	SULT	FORM		
STUDENT NAME:				STUDEN	т#:				
DEFENSE DATE:				TIME:					
DEGREE:	MASTER OF A	PPLIED SCIENCE		DEPART	MENT:				
RESULT:	PASSED	PASSED W	VITH MA	JOR REVI	SIONS		REFERREI	D	FAILED
List required chang	ges (if any) and	person(s) who	must ve	erify the c	hanges (u	se a sep	oarate pa	age if nec	essary)
NOTE: If necessary, revisions.	this form may be	copied and pass	end alon						
			eu aloi i	g to the ex	kaminer resp	oonsible	for confire	ming requ	ired
COMMITTEE	NAME:		DEPT:	g to the ex	PASS	oonsible *REFER		ming requ SIGNA	
	NAME:								
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COMMITTEE SUPERVISOR(S)	NAME:				PASS				
COMMITTEE SUPERVISOR(S) EXAMINER (INT.)	NAME:				PASS				
COMMITTEE SUPERVISOR(S) EXAMINER (INT.) EXAMINER:		's Signature:			PASS				

Completion Date:

Convocation Session:

APPLIED & SCIENCES - MASTER'S ORAL THESIS EXAMINATION CONDUCT FORM

CHEE, CHEM, CIVL, ECEN, PEPA, GSGE, MAST, MEME, MINE

DATE:

STUDENT NAME:		STUDENT#:				
DEFENSE DATE:		DEGREE:	MASTER OF APPLIED SCIENCE			
DEPARTMENT:						
After the oral thesis examination, examiners are to submit this report on the conduct of the examination to the Head of the Department or the Graduate Coordinator. In particular, any member of the committee who is external to the candidate's home department shall submit this report.						
Please comment on the conduct of the examination. If the structure of the examination deviated from the written procedures or the process was unfair in any way, please indicate the nature of the concern.						
COMMENTS:						

SIGNED: