



FACULTY OF EDUCATION – 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#: DEFENSE DATE: TIME: LOCATION: FACULTY: EDUCATION E-MAIL(S): DEGREE: MED THESIS TITLE:

Table with 4 columns: COMMITTEE, NAME, DEPT, FOR SGSPA OFFICE USE. Rows include CHAIR, SUPERVISOR(S), COMMITTEE MEMBER(S), and EXAMINER.

The Master's Thesis Examination Committee for Master's students in Education shall comprise at least the following members:

- a) Chair; b) Supervisor(s); c) Supervisory Committee member(s); d) At least one other faculty member, who may be: i. From the department OR ii. External to the department, OR iii. In exceptional circumstances, external to Queen's.

NOTES:

- a. In the exceptional case, where a faculty member of another Department, with sufficient expertise, cannot be found within Queen's University, a suitable member from another nearby institution may be recommended for the approval of the Dean of the School of Graduate Studies and Postdoctoral Affairs. b. The Chair of the Master's Thesis examination committee is not a voting member of the committee. c. In cases where ALL members of the Master's Thesis Examination Committee are internal to the department, both the Associate Dean of Graduate Studies and Research and the Dean of Education must approve the committee.

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

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) Student, Chair, Examining Committee, SGSPA. Date: Supervisor(s): Associate Dean, Graduate Studies, Dean or Delegate (see #3 above)



FACULTY OF EDUCATION – MASTER’S ORAL THESIS EXAMINATION RESULT FORM

STUDENT NAME:		STUDENT#:	
DEFENSE DATE:		TIME:	
DEGREE:	MED	FACULTY:	EDUCATION

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:						

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:



FACULTY OF EDUCATION – MASTER'S ORAL THESIS EXAMINATION CONDUCT FORM

STUDENT NAME:		FACULTY:	EDUCATION
DEFENSE DATE:		DEGREE:	MED

7. After the oral thesis examination, examiners are to submit reports on the conduct of the examination to the Associate Dean of Graduate Studies and Postdoctoral Affairs. 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:

DATE:

SIGNED:
