



ARTS & SCIENCES – MASTER’S ORAL THESIS EXAMINATION FORM (MSC)–

CHEM, COMP, GPPL, GSGE, MAST, PEPA

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/sgr/Thesis.html> Attendance at the oral thesis examination)

STUDENT NAME:		STUDENT#:	
DEFENSE DATE:		TIME:	
LOCATION:		DEPARTMENT:	
E-MAIL(S):		DEGREE:	MASTER OF SCIENCE
THESIS TITLE:			

COMMITTEE	NAME:	DEPT:	FOR SGSPA OFFICE USE:
CHAIR: (Dept. Head or delegate see ii & iii below)			
SUPERVISOR(S)			
EXAMINER (Internal):			
EXAMINER (see iv below):			

- (i) 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.
- (ii) The Chair of the Master's Thesis Examination Committee is not a voting member of the committee.
- (iii) The student and/or the supervisor(s) may request that the Chair be external to the student’s home department. If this is the case, the Head or Head’s Delegate would assume a seat on the Examination Committee and would be a voting member.
- (iv) Departments should try to find a suitable faculty member external to the student’s home department to serve on the committee. Where a faculty member external to the department, with sufficient expertise, cannot be found within Queen’s University, a suitable member from another nearby institution may be recommended for approval by the Dean of the School of Graduate Studies and Postdoctoral Affairs. However, a faculty member from within the student’s home department is also permitted (see Note (i) above).

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: <i>(e-mail sent)</i>	Supervisor(s):	
Student		
Chair		
Examining Committee	Graduate Coordinator: (or Head, if Grad Coordinator is the supervisor)	
SGSPA	Department Head: (see (i) above)	
Date:		



ARTS & SCIENCES – MASTER’S ORAL THESIS EXAMINATION RESULT FORM

CHEM, COMP, GPPL, GSGE, MAST, PEPA

STUDENT NAME:		STUDENT#:	
DEFENSE DATE:		TIME:	
DEGREE:	MASTER OF SCIENCE	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:	DEPARTMENT:	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:	<input type="text"/>	Completion Date:	<input type="text"/>	Convocation Session:	<input type="text"/>
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ARTS & SCIENCES – MASTER'S ORAL THESIS EXAMINATION CONDUCT FORM

CHEM, COMP, GSGE, GPPL, MAST, PEPA

STUDENT NAME:		STUDENT#:	
DEFENSE DATE:		DEGREE:	MASTER OF SCIENCE
DEPARTMENT:			

For the Chair:

Following the oral examination, in the space provided below please indicate if you or the examiners had any concerns regarding the conduct of the examination.

For example, if the structure of the examination deviated from the written procedures or the process was unfair in any way.

Likewise, if there were no concerns regarding the conduct of the examination please indicate this as well.re of the concern.

COMMENTS:

DATE:

SIGNED:
