Queen's University GRADUATE STUDIES AND POSTDOCTORAL AFFAIRS

ARTS & SCIENCE – MASTER'S ORAL THESIS EXAMINATION FORM (DEVS, ECON, GPPL, POLS, KHS, SOCY)

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:		DEPARTMENT:	
E-MAIL(S):		DEGREE:	
THESIS TITLE:			

COMMITTEE	NAME:	DEPT:	FOR SGSPA OFFICE USE:
CHAIR:			
SUPERVISOR(S)			
EXAMINER (see a, b or c below):			

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

Chair of Committee: Head of the Department (or Head's Delegate) (may be from outside Department) Supervisor(s)
At least one other faculty member, who may be:

a) From the department OR
b) External to the department, OR
c) In exceptional circumstances, external to Queen's

NOTES:

1. 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.
2. The Chair of the Master's Thesis examination committee is not a voting member of the committee.
3. 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.

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):	
Graduate Coordinator:	
Dean or Delegate (see #3 above)	

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	SIGNATURE
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:	

Queen's University GRADUATE STUDIES AND POSTDOCTORAL AFFAIRS

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

STUDENT NAME:		**DEPARTMENT:**	
DEFENSE DATE:		**DEGREE:**	

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 a report to the Head of the Department or Graduate Coordinator and to The School of Graduate Studies and Postdoctoral Affairs.

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: _____