



MASTER'S ORAL THESIS EXAMINATION FORM

STUDENT NAME:		STUDENT #:	
DATE:		E-MAIL:	
TIME:		DEPT:	
LOCATION:		DEGREE:	

TITLE OF THESIS:	

Examining Committee	Name	Department
Chair:		
Supervisor(s)		
Examiner		

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.

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.

This Oral examination is *Open* *Closed* **Student Signature:** _____

Confirmation of Oral Exam has been sent to:
<input type="checkbox"/> Student
<input type="checkbox"/> Chair
<input type="checkbox"/> Examining Committee
<input type="checkbox"/> SGS – Thesis Coordinator
<input type="checkbox"/> Date:

*Supervisor(s)

**Department Head (or delegate)

Graduate Coordinator (see '3' above)

Notes: * Do all committee members have an appointment with SGS (i.e. listed in calendar under program or academic staff sections)?
** The oral examination cannot be held unless the student is **currently REGISTERED and has paid all due fees.** The Department Head must verify that the student is in good standing before signing this form.