



## URBAN &amp; REGIONAL PLANNING – 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 #:	
DATE:		E-MAIL(S):	
TIME:		DEPARTMENT:	
LOCATION:		OPEN/CLOSED DEFENSE:	
THESIS TITLE:			
	<i>Student signature required if <b>Open</b>.</i>		

COMMITTEE:	NAME:	DEPT:
Chair:		
Supervisor(s):		
Examiner:		
Examiner:		

▪	<b>Chair of Committee: Head of the Department (or Head's Delegate) (may be from outside Department)</b>
▪	<b>Supervisor(s)</b>
▪	<b>At least one other faculty member, who may be:</b>
	a. From the department OR
	b. External to the department, OR
	c. In exceptional circumstances, external to Queen's

NOTES:	
1.	<i>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.</i>
2.	<i>The Chair of the Master's Thesis examination committee is not a voting member of the committee.</i>
3.	<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.</i>

**Note: Before the oral examination may proceed, the student must be currently REGISTERED and have completed all course requirements.**

<b>Exam Confirmed with:</b>	Supervisor(s):	
<i>E-mail sent to:</i>		
Student	Department Head (or delegate)	
Chair		
Examining Committee	Graduate Coordinator:	
	<i>(see # 3 above)</i>	
Date:		

# URBAN & REGIONAL PLANNING

Master's Thesis Examination RESULT Form (M.Pl.)



<b>Student Name:</b>			
<b>Student #:</b>		<b>Department:</b>	
<b>E-mail:</b> (Queen's; Dept; Personal)			
<b>Examination Date:</b>		<b>Time:</b>	

**Required changes (if any) and person(s) who must verify the changes (use a separate page if necessary)**

**Note: If necessary, this form can be photocopied and passed along to the examiner responsible for confirming required revisions.**

COMMITTEE	NAME	DEPT	PASSED	REFERRED	FAILED	SIGNATURE
Supervisor(s)						
Examiner (Int.)						
Examiner						
Examiner						
<b>Result</b>						
<b>Chair:</b> - (Please sign)						

Please send original form to SGS with the following:

- 1) Transcript
- 2) UMI Form
- 3) National Library Form and 4) co-author form (if applicable)

For SGS office use only:			
Transcript checked by:		Completion Date:	
Director, Admissions & Student Services		Convocation Session:	

# URBAN & REGIONAL PLANNING

## Master's Oral Examination Conduct Report



**Procedure 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 the report to the Head of the Department or Graduate Coordinator and to the School of Graduate Studies.

Student Name:		Department:	
Oral Exam Date:		Degree:	M.Pl.

EXAMINING COMMITTEE	NAME	DEPT
Chair:		
Supervisor(s):		
Head/delegate:		
Examiner:		
Examiner:		

1. Presentation of the candidates work \_\_\_\_\_
2. Calibre of questioning: \_\_\_\_\_
3. Response to questioning: \_\_\_\_\_

**Comments:** (should reflect what all the examiners thought of the defense):

Date: \_\_\_\_\_ Signed: \_\_\_\_\_