

Thesis/Project Examination Report

Student uLethbridge ID Number:

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 Today's Date:

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To be completed by the Chair of the Thesis Examination Committee and returned to the School of Graduate Studies immediately following the examination.

In the event that a failed thesis/project defence represents the second attempt to defend the thesis/project, the student must withdraw from the program, and the Thesis Examination Committee must provide a written justification for the members' decision to fail the examination.

Review the program specific Policies & Procedures for examination and assessment definitions and expectations. For detailed information, review the Graduate Studies Calendar and Course Catalogue (www.ulethbridge.ca/ross/academic-calendar), and the SGS Policies and Procedures (www.ulethbridge.ca/graduate-studies/policies-procedures).

STUDENT INFORMATION	
Surname:	Given name(s):
Degree:	Major:
Concentration/specialization (if applicable):	
Thesis title:	
Date of Thesis Oral Defence:	
DEFENCE ORAL ASSESSMENT AND DECISION	
The <input type="checkbox"/> UNANIMOUS or <input type="checkbox"/> MAJORITY assessment is: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (retake at a later date; student may retake one time)	
WRITTEN THESIS/SUPPORT PAPER ASSESSMENT AND DECISION	
The <input type="checkbox"/> UNANIMOUS or <input type="checkbox"/> MAJORITY assessment is: <input type="checkbox"/> Pass as Submitted <input type="checkbox"/> Pass with Minor Revisions <input type="checkbox"/> Pass with Major Revisions <input type="checkbox"/> Defer <input type="checkbox"/> Fail	

The personal information on this form is collected pursuant to the Post-secondary Learning Act and the Freedom of Information and Protection of Privacy Act and will be used to document progress in an academic program. If you have questions about the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at, 403-332-4620 or by email to foip@uleth.ca.

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COMMENTS ON THE THESIS

Include your comments on the examination and assessment (attach additional page, if necessary):

THESIS EXAMINATION COMMITTEE CHAIR SIGNATURE

Name:		Highest degree:	
Academic rank:	If Other:		
Signature:		Date:	

The Thesis Examination Committee Chair is to return this form along with the Assessment of Readiness to Defend forms to the relevant Graduate Program Office immediately following the defence.

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