


**APPLIED SCIENCE - MASTER'S ORAL THESIS EXAMINATION FORM (M.A.Sc.)**

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:	Student signature required if Open.
THESIS TITLE:			

COMMITTEE:	NAME:	DEPARTMENT:
Chair (Head or Delegate):		
Supervisor(s):		
Examiner (Internal):		
Examiner (see a, b or c below):		

- a) Examiner from the department OR  
 b) Examiner from external department OR  
 c) In exceptional circumstances, (see note 1. Below), external to Queen's University

**NOTES:**

- 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.**
- The Chair of the Master's Thesis examination committee is not a voting member of the committee
- 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.

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

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

# APPLIED SCIENCE

## Master's Thesis Examination RESULT Form (M.A.Sc.)



<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>	

<b>Required changes (if any) and person(s) who must verify the changes (use a separate page if necessary)</b>

**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 Chair:</b> - (Please sign)						

Please send original form to SGS with the following:

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

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

# APPLIED SCIENCE

## MASTER'S ORAL EXAMINATION CONDUCT REPORT



<b>Student Name:</b>			
<b>Oral Exam Date:</b>		<b>Degree:</b>	

After the oral thesis examination, examiners are to submit this report on the conduct of the examination to the Head of the Department or the Graduate Coordinator. In particular, any member of the committee who is external to the candidate's home department shall submit this report.

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: \_\_\_\_\_