

**Faculty of Graduate & Postdoctoral Affairs – Master’s Thesis Examination Report**

**Name:**  
**Department:**  
**Date of Examination:**  
**Thesis Title:**

**Student No:**  
**Course No:**  
**Term of Completion:**

**CRN:**  
**Thesis Weight:**

<b>Thesis:</b> Accepted <input type="checkbox"/>	Acceptable after minor revisions <input type="checkbox"/>	Acceptable after major revisions <input type="checkbox"/>
Rejected <input type="checkbox"/>		
<b>Oral Defense:</b> Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	
<b>Medal Nomination:</b> Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Examination Chair’s Remarks: (Thesis revisions list to be forwarded)

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**Grading Guidelines:**

All decisions should be solely on the academic quality of the thesis. The four categories of acceptability are as follows:

1. **Accepted:** Used where only a few typographical or stylistic changes are required.
2. **Acceptable after minor revisions as outlined on an attached sheet:** Used where a large number of typographical errors exist, or where other changes are required which do not affect the basic tenets of the research or its findings and do not call for alteration to the basic structure of the thesis. These changes should be clearly specified in writing and are subject only to the approval of the thesis supervisor before the thesis is finally accepted for deposit.
3. **Acceptable after major revisions as outlined on an attached sheet:** Used where, in the judgment of the examiners, changes of a substantive nature which call for re-writing of parts of the thesis are required. These changes should be clearly specified in writing and are subject to the approval of the thesis board, or a designated committee, before the thesis is finally accepted for deposit.
4. **Rejected:** Used where, in the judgment of the examiners, the thesis is unacceptable on substantive grounds.

Signatures of the Examination Board: (please print names under signatures)	
Chair of the Examination Board: _____	
Internal Examiner: _____	
Supervisor (or Co-Supervisor) _____	Supervisor (Co-supervisor) _____
Other Members: _____	_____
_____	_____

<b>FGPA:</b> Date entered:  By:	<b>Grade Entry</b> Actioned by:  Grade Recorded    Class Roster <input type="checkbox"/> Academic History <input type="checkbox"/> Credit Value <input type="checkbox"/>	<b>RO:</b> Date:  <b>Note:</b> Yes = roll from class roster No = change of grade in academic history
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