Carleton University
Faculty of Graduate
and Postdoctoral Affairs

Faculty of Graduate & Postdoctoral Affairs – Ph.D. Thesis Examination Report

Name: **Student No:**

Department: **Course No:**   **CRN:**

Date of Examination: **Term of Completion:**

Thesis Title: **Thesis Weight:**

Thesis: Satisfactory ☐   Accepted ☐
                                    Acceptable after minor revisions ☐
                                    Acceptable after major revisions ☐

        Rejected ☐

Oral Defense: Satisfactory ☐   Unsatisfactory ☐

Medal Nomination: Yes ☐   No ☐

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

_____

_____

_____

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: _____

External Examiner: _____   Internal Examiner: _____

Supervisor (or Co-Supervisor): _____   Co-supervisor: _____

Other Members: _____   _____

_____   _____

FGPA:	**Grade Entry**	**RO:**
Date entered:	Actioned by:	Date:
By:	Grade Recorded Class Roster ☐	**Note:** Yes = roll from class roster
	Academic History ☐	No = change of grade in academic
	Credit Value ☐	history