

## **Academic Integrity Statement – Thesis Submission**

(To be completed upon submission of Master and Ph.D. theses for examination)

### ***Introduction***

Carleton University is committed to ensuring that all students conduct themselves in a manner consistent with the Carleton University Academic Integrity Policy. Recognizing that regulations and practices relating to academic integrity and intellectual property, as well as the culture related to their enforcement, vary substantially from place to place, all graduate students are required to review, comprehend and adhere to the Carleton University Academic Integrity Policy upon commencing graduate studies and upon submitting Masters and Ph.D. theses.

### ***Thesis Submission***

I am familiar with the Carleton University Academic Integrity Policy and I understand the potential consequences should my thesis be found to contain plagiarized content or violate this policy in any other way.

**Name** \_\_\_\_\_

(Please print)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

(YYYY/MM/DD)

**Student Number** \_\_\_\_\_

### **References**

[1] Carleton University, Academic Integrity Policy, June 1, 2008. Available on-line at <http://www2.carleton.ca/graduate-studies/policies-and-guidelines/>

[2] Carleton University, Graduate Calendar, 20xx. Available on-line at <http://www.carleton.ca/calendars/grad/current/>

CARLETON UNIVERSITY  
Department of \_\_\_\_\_  
MASTER’S THESIS EXAMINATION

**CANDIDATE:** Name in Full  
Previous Degrees, University, Year

**DATE:** Day, Month, Year, Time and Location

**THESIS TITLE:**

**EXAMINATION BOARD:**

**Internal Examiner,** Name, Department

**Member of Department,** Name, Department

**Co-Supervisor,** Name, Department (if applicable)

**Thesis Supervisor** Name, Department,

**Chair of Department,** (*Ex-officio*)

**Dean,** Faculty of Graduate Studies and Research, (*Ex-officio*)

**Dean of Faculty,** (*Ex-officio*)

**Name, Dean**

**Faculty of Graduate & Postdoctoral Affairs** (*Ex-officio*)

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**Appendix B-2: Masters Thesis Examination Committee Member Instructions-Sample Chair's Letter**

Date

Committee Member's Address

Dear Professor \_\_\_\_\_:

Professor \_\_\_\_\_ has informed me that you have agreed to serve as a member of the Examination Board for \_\_\_\_\_'s Master's dissertation defence. Thank you for agreeing to accept this responsibility. I would like to take this opportunity to outline Carleton University's Master's thesis examination procedures. A full summary of these procedures can be found at <http://www.carleton.ca/graduate-studies>

The examination is scheduled for **day, month, year, time, in Room** \_\_\_\_\_, \_\_\_\_\_. If you need to make arrangements to participate in the defence by telephone, video conference or any other medium, **please notify my office immediately** so I may record this information on the thesis examination notice.

**You are in receipt of a copy of the thesis. Please fill in the attached Thesis Defence Authorization Form at least ONE WEEK in ADVANCE OF THE EXAMINATION and return it to my office.** If you have any serious reservations regarding the thesis, these **must be noted on the form** at this time.

Your signed **Thesis Defence Authorization Form** may be sent in electronic or paper format but must be received by my office by \_\_\_\_\_.

The members of the Examination Committee decide upon who will supervise any required thesis revisions or modifications. Once the required revisions have been completed, all Committee members involved in the approval of the revisions or modifications must sign the **Thesis Revisions Approval Form**. The thesis supervisor will return this form to my office.

Yours sincerely,

\_\_\_\_\_, Chair  
Department of \_\_\_\_\_

# Appendix B-3: Definitions of Thesis Acceptability – Sample of Master’s Exam Report

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

Name:  
Department:  
Date of Examination:  
Thesis Title:

Student No:  
Course No:  
Term of Completion:

<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>Thesis Grade:</b> Pass with distinction <input type="checkbox"/>	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:	_____
_____	_____
_____	_____

**Appendix B-4: Thesis Revisions Approval Form –Master’s**



**Thesis Revisions Approval Form Master’s**

Student’s Name: \_\_\_\_\_

Student No: \_\_\_\_\_

This form indicates that all required thesis revisions as determined by the examination board have been completed satisfactorily and the thesis can now be deposited. Only those examination board members charged with overseeing the thesis revisions need to complete this form

	<b>Role</b>	<b>Name</b>	<b>Signature</b>
<input checked="" type="checkbox"/>	Thesis Supervisor		
<input checked="" type="checkbox"/>	Thesis Co-Supervisor		
<input type="checkbox"/>	Internal Examiner		
<input type="checkbox"/>	Member of Joint Institute		
<input type="checkbox"/>	Member of Department		

**Appendix C-1: Notice of Thesis Examination – Sample of Ph.D. Notice**

CARLETON UNIVERSITY  
Department of \_\_\_\_\_  
PH.D. THESIS EXAMINATION

*CANDIDATE:*

*DATE:*

*THESIS TITLE:*

**EXAMINATION BOARD:**

**External Examiner**

**Internal Examiner**

**Committee Member(s)**

**Thesis Supervisor**

**Co-Supervisor**  
(If Applicable)

**Chair of Department**

*(Ex-officio)*

**Dean of Faculty**

*(Ex-officio)*

**Dean, Faculty of Graduate &  
Postdoctoral Affairs:**

*(Ex-officio)*

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**Name , Dean  
Faculty of Graduate and Postdoctoral Affairs**

**Appendix C-2: Doctoral Thesis Examination Committee Member Instructions-Sample Chair's Letter**  
**(Note: This letter is not sent to the External Examiner)**

Date

Committee Member's Address

Dear Professor \_\_\_\_\_:

Professor \_\_\_\_\_ has informed me that you have agreed to serve as a member of the Examination Board for \_\_\_\_\_'s Ph.D. dissertation defence. Thank you for agreeing to accept this responsibility. I would like to take this opportunity to outline Carleton University's Ph.D. thesis examination procedures. A full summary of these procedures can be found at <http://www.carleton.ca/graduate-studies>

The examination is scheduled for **day, month, year, time, in Room \_\_\_\_\_, \_\_\_\_\_**. If you need to make arrangements to participate in the defence by telephone, video conference or any other medium, **please notify my office immediately** so I may record this information on the thesis examination notice.

**You are in receipt of a copy of the thesis. Please fill in the attached Thesis Defence Authorization Form at least ONE WEEK in ADVANCE OF THE EXAMINATION and return it to my office.** If you have any serious reservations regarding the thesis, these **must be noted on the form** at this time.

Your signed **Thesis Defence Authorization Form** may be sent in electronic or paper format but must be received by my office by \_\_\_\_\_.

The members of the Examination Committee decide upon who will supervise any required thesis revisions or modifications. Once the required revisions have been completed, all Committee members involved in the approval of the revisions or modifications must sign the **Thesis Revisions Approval Form**. The thesis supervisor will return this form to my office.

Yours sincerely,

\_\_\_\_\_, Chair

Department of \_\_\_\_\_

## Appendix C-3: Letter to External Examiner - Sample

Date

External Examiner's Address

Dear Professor \_\_\_\_\_:

Professor \_\_\_\_\_, Chair of the Department of \_\_\_\_\_, has informed me that you are willing to serve as External Examiner for \_\_\_\_\_ Ph.D. dissertation defence. Thank you for agreeing to accept this responsibility. I would like to take this opportunity to outline Carleton University's thesis examination procedures.

The examination is scheduled for **day, month, year, time**, in Room \_\_\_\_\_, \_\_\_\_\_ Building. You should have already received the thesis. **May I request that you send a written assessment (one to two pages) of the thesis to my office, ONE WEEK IN ADVANCE OF THE EXAMINATION. This assessment may be sent in electronic or paper format but must be received by - \_\_\_\_\_.**

Your assessment is a critical part of our examination process. We ask that your report address the contribution to knowledge made by the candidate, the adequacy of the research methodology, and the general organization and presentation of the thesis. Your assessment should conclude with a clear statement as to whether or not the thesis should proceed to a defence. If in your view this is an outstanding thesis please indicate this in your assessment. In the case of outstanding doctoral candidates, the External Examiner's assessment is often decisive in the deliberation of the Senate Medals and Prizes Committee. If, however, you have serious reservations about the thesis, please contact my office immediately.

Our procedure requires that the External Examiner's report be presented to the examination committee before the candidate appears before the committee. A simple majority of the members of the committee voting in favour of the candidate constitutes a successful defence; however, the External Examiner **must form part of that majority**.

Please indicate if you are willing to release your report to the candidate after the examination.

Your travel and accommodation expenses will be reimbursed as outlined in the attached guidelines. A summary of your expenses along with receipts should be submitted for reimbursement to the Chair of the Department.

Yours sincerely,

\_\_\_\_\_, Dean  
Faculty of Graduate and Postdoctoral Affairs

Encl.

c.c. Professor \_\_\_\_\_, Supervisor  
Professor \_\_\_\_\_, Chair  
Department of \_\_\_\_\_



**Appendix C-4: Definitions of Thesis Acceptability – Sample of Ph.D. Exam Report**

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

Name:  
Department:  
Date of Examination:  
Thesis Title:

Student No:  
Course No:  
Term of Completion:

<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>Thesis Grade:</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: _____	
External Examiner: _____	Internal Examiner: _____
Supervisor (or Co-Supervisor): _____	Co-supervisor: _____
Other Members: _____	_____
_____	_____

**Appendix C-5: Thesis Revisions Approval Form – Ph.D.**



**Thesis Revisions Approval Form Ph.D.**

Student's Name: \_\_\_\_\_

Student No: \_\_\_\_\_

This form indicates that all required thesis revisions as determined by the examination board have been completed satisfactorily and the thesis can now be deposited. Only those examination board members charged with overseeing the thesis revisions need to complete this form

	<b>Role</b>	<b>Name</b>	<b>Signature</b>
<input checked="" type="checkbox"/>	Thesis Supervisor		
<input checked="" type="checkbox"/>	Thesis Co-Supervisor		
<input type="checkbox"/>	External Examiner		
<input type="checkbox"/>	Internal Examiner		
<input type="checkbox"/>	Member of Joint Institute		
<input type="checkbox"/>	Member of Department		

**Appendix D-1: Thesis Defence Authorization Form – Departmental Chair/Thesis Supervisor(s)**



**Departmental Chair/Thesis Supervisor(s) Thesis Defence Authorization Form**

Student's Name: \_\_\_\_\_

Student No: \_\_\_\_\_

<b>Chair of Department (or designate)</b>	
<input type="checkbox"/>	I am not aware of any potential conflict of interest that the examiners have with the candidate and or Thesis Supervisor (Required for Ph.D. only)
<input type="checkbox"/>	In my opinion, the thesis defence can take place subject to the approval of the thesis examination board
<input type="checkbox"/>	The thesis defence should not take place

If the thesis defence should not take place then indicate why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chair's Name (or designate)

\_\_\_\_\_  
Signature

<b>Thesis Supervisor/Co-supervisor(s)</b>	
<input type="checkbox"/>	I/We have read the thesis and in my/our opinion, the thesis defence can take place subject to the approval of the thesis examination board
<input type="checkbox"/>	The thesis defence should not take place

If the thesis defence should not take place then indicate why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Thesis Supervisor's (Co-Supervisor's) Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Thesis Supervisor's (Co-Supervisor's) Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Thesis Supervisor's (Co-Supervisor's) Name

\_\_\_\_\_  
Signature

**Appendix D-2: Thesis Defence Authorization Form – Committee Members**



**Carleton**  
UNIVERSITY

Canada's Capital University

**Committee Member Thesis Defence Authorization Form**

Student's Name: \_\_\_\_\_

Student No: \_\_\_\_\_

<input type="checkbox"/>	In my opinion, the thesis defence can take place
<input type="checkbox"/>	In my opinion, the thesis defence can take place with the expectation that revisions may be required
<input type="checkbox"/>	In my opinion, the thesis defence should not take place

If there are reservations about the thesis or concern that the thesis defence should not take place then indicate why:

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Role on Examination Board:

Internal Examiner

Member of Department

Member of Joint Institute

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

## Appendix G: Candidate Checklist

### Thesis Submission:

1. The **candidate** informs the thesis supervisor and the chair of the department of the date he/she intends to submit his/her thesis. This notice is expected to be given **two weeks in advance of the submission date**.
2. The **candidate** submits one copy of the theses for each member of the examination board with the exception of the Faculty Dean. These examinable copies of the thesis must be received by the department **three weeks (master's thesis) or six weeks (doctoral thesis) in advance of the actual date of the examination of the thesis**.
3. The **candidate** completes and signs the Academic Integrity Statement for thesis submission (see Appendix A) and submits the form with the thesis examination copy.

### Examination Preparation:

4. In the event that the examiner(s) expresses serious reservations about the thesis in the period leading up to the examination, the **candidate** has the right to proceed to examination.

### Observers:

5. Other observers may also attend the examination provided they have obtained the permission of the **candidate** and the **chair of the examination board**.

### The Examination:

6. The **candidate** may make a brief introductory statement and may use audio/visual aids or other appropriate methods of supporting this statement.
7. The **candidate** may make a closing statement but is not required to do so.

### Final Submission:

8. The **candidate**, after completing the revisions as directed by the examination board, will submit the final required copies of the thesis to the thesis supervisor for review. The **candidate** will also complete the required forms for microfilming and/or digitization by ProQuest for the National Library and Archives Canada.