



+(\$ / 7 + 6 & , (1 & # 0 \$ 6 7 (5 ¶ 2 5 \$ / 7 + (6 , 6 ; \$ 0 , 1 \$ 7 , 2) 2 5 0

The pers.ou6.64s.ou6.64sl.64

| | | | |
|---------------------|-------|-------------|-------------------------|
| | | : | |
| LOCATION: | | DEPARTMENT: | |
| E-MAIL(S): | | DEGREE: | MASTER OF SCIENCE |
| THESIS TITLE: | | | |
| | | | |
| COMMITTEE | NAME: | DEPT: | FOR SGS 3\$ OFFICE USE: |
| CHAIR: | | | |
| SUPERVISOR(S) | | | |
| | | | |
| HEAD (OR DELEGATE): | | | |
| EXAMINER: | | | |
| EXAMINER: | | | |



RESULT FORM

| | | | |
|---------------|-------------------|-------------|--|
| STUDENT NAME: | | STUDENT#: | |
| DEFENSE DATE: | | TIME: | |
| DEGREE: | MASTER OF SCIENCE | DEPARTMENT: | |

RESULT:

List required changes (if any) and person(s) who must verify the changes (use a separate page if necessary)

NOTE: If necessary, this form may be photocopied and passed along to the examiner responsible for confirming required revisions.

Date: _____ Chairperson's Signature: _____

IMPORTANT: *In all cases of referral, the nature of the revisions and/or additional work, and/or the deficiencies associated with the oral thesis examination must be specified in writing by the Chair to avoid dispute or ambiguity. When outlining the revisions and/or additional work required, and/or the holding of a second oral thesis examination, the Chair must be as specific as possible. These forms may be passed on to the candidate in a letter from the School of Graduate Studies. D O

000he88 (he School)

