



CENTRE FOR NEUROSCIENCE – MASTER'S ORAL THESIS EXAMINATION FORM

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#:	
DEFENSE DATE:		TIME:	
LOCATION:		DEPARTMENT:	
E-MAIL(S):		DEGREE:	MASTER OF SCIENCE
THESIS TITLE:			

COMMITTEE	NAME:	DEPT:	FOR SGSPA OFFICE USE:
CHAIR:			
SUPERVISOR(S)			
HEAD (OR DELEGATE):			
EXAMINER:			
EXAMINER:			

1. At least one member of the Thesis Examination Committee shall be external to the candidate's home department.
2. Normally, the Chair of the Thesis Examination Committee for Master's students in Health Sciences shall be external to the candidate's home department. However, a Chair from the candidate's home department is permitted, provided that one of the examiners is external to the candidate's home department. The Chair of the Master's Thesis Examination Committee is not a voting member of the committee.
3. Normally, one of the examiners shall be external to the candidate's home department. However, all examiners could be from the candidate's home department, provided that the Chair of Committee is external to the candidate's home department.
4. The Graduate Coordinator (or Head, if the Graduate Coordinator is a supervisor) shall be responsible for approving the composition of the Examining Committee and signing the applicable departmental form.

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

Submit this form by e-mail - completed and signed at least 10 working days before the defense to SGSPA thesis@queensu.ca and include the following:

- 1) transcript
- 2) co-authorship form (if applicable)

Exam confirmed with: (e-mail sent)	Supervisor(s):	
Student		
Chair		
Examining Committee		
SGSPA	Graduate Coordinator: (or Head, if Grad Coordinator is the supervisor)	
Date:		



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GRADUATE STUDIES AND
POSTDOCTORAL AFFAIRS

CENTRE FOR NEUROSCIENCE – MASTER'S ORAL THESIS EXAMINATION RESULT FORM

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

RESULT: ☐ PASSED ☐ PASSED WITH MAJOR REVISIONS ☐ REFERRED ☐ FAILED

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.

COMMITTEE	NAME:	DEPT:	PASS	PASS MAJ. REV.	*REFER	FAIL	SIGNATURE
SUPERVISOR(S)							
EXAMINER (INT.)							
EXAMINER:							
EXAMINER:							

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 comments will be passed on to the candidate in a letter from the School of Graduate Studies and Postdoctoral Affairs as revisions and/or improvements that must be met for the thesis to be reconsidered.**

After defense, please submit this form with the conduct form(s) to thesis@queensu.ca.

For SGSPA Office Use Only:

Transcript checked by:

Completion Date:

Convocation Session:



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**GRADUATE STUDIES AND
POSTDOCTORAL AFFAIRS**

CENTRE FOR NEUROSCIENCE – MASTER'S ORAL THESIS EXAMINATION CONDUCT FORM

STUDENT NAME:		STUDENT#:	
DEFENSE DATE:		DEGREE:	MASTER OF SCIENCE
DEPARTMENT:			

Procedure 7: After the oral thesis examination, the Chair will ask for comments from the Examining Committee on the conduct of the examination and will provide the report to the Head of the Department or Graduate Coordinator and to the School of Graduate Studies and Postdoctoral Affairs.

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: