



Final Master's Thesis Oral Examination – Neutral Chair's Report

This is a retake exam. Yes No

Part 1: Completed by Graduate Program Coordinator or designate and provided to the Neutral Chair prior to the defence

Student Name:	Student #:	Date:
Faculty:	Department:	
Degree:	Specialization (if applicable):	
Date of Examination:	Time of Examination:	
Final Thesis Title:		
Supervisor's Name		Co-supervisor's Name
University Examiner's name		Committee member's name
Committee member's name		Committee member's name

Part 2: Committee Recommendation – Final Exam Outcomes (completed by the Neutral Chair)

*On Thesis	<input type="radio"/> Pass with no revisions	<input type="radio"/> Pass with minor revisions	<input type="radio"/> Pass with major revisions	<input type="radio"/> Fail	<input type="radio"/> Failure to Reach Unanimous Decision
*On Oral Defence	<input type="radio"/> Pass	<input type="radio"/> Fail	<input type="radio"/> Failure to Reach Unanimous Decision		

*For definitions, please refer to the Master's Thesis Oral Examination Outcome Flowchart

Part 3: Completed and submitted to CoGS by the Neutral Chair within two (2) business days following examination

As the Neutral Chair of the examining committee, I certify that the committee has examined this thesis, came to the recommendations noted in Part 2 and elaborated in Part 3, and recommend the above outcomes of this examination to the Dean of Graduate Studies.

Neutral Chair's Name	Signature	Date
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FIRST ROUND OF VOTES
*ON THESIS
Pass with no revisions - Total # of Votes _____
Pass with minor revisions - Total # of Votes _____
Pass with major revisions - Total # of Votes _____
Fail - Total # of Votes _____
Failure to Reach Unanimous Decision - Total # of Votes _____
*ON ORAL DEFENCE
Pass - Total # of Votes _____
Fail - Total # of Votes _____
Failure to Reach Unanimous Decision - Total # of Votes _____

FINAL ROUND OF VOTES
*ON THESIS
<input type="radio"/> Pass with no revisions
<input type="radio"/> Pass with minor revisions
<input type="radio"/> Pass with major revisions
<input type="radio"/> Fail
<input type="radio"/> Failure to Reach Unanimous Decision
*ON ORAL DEFENCE
<input type="radio"/> Pass
<input type="radio"/> Fail
<input type="radio"/> Failure to Reach Unanimous Decision

Part 4: Neutral Chair's Comments and Notes, completed and submitted to CoGS by the Neutral Chair

What was the length of student's presentation? _____
What was the total length of the examination from start to finish? _____
How many rounds of questions in the deliberation? ex. 1, 2, 3 or more _____
Give a brief overview of the revisions. Use second sheet if necessary. <i>Were there any contentious issues to address during the examination? Did the exam start on time? Were there any IT-V/C issues? Please indicate if it is: 1) Minor revisions (typos/grammar/slight modifications to the thesis) 2) Major revisions (state what revisions are required). i.e. rewriting a chapter, a correction to calculation or additional reinterpretation of data in research.</i>

For CoGS use only

Date:	Dean, College of Graduate Studies (or Designate) signature:
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Give a brief overview of the revisions.

Were there any contentious issues to address during the examination? Did the exam start on time? Were there any IT-V/C issues? Please indicate if it is: 1) Minor revisions (typos/grammar/slight modifications to the thesis) 2) Major revisions (state what revisions are required). i.e. rewriting a chapter, a correction to calculation or additional reinterpretation of data in research



Master's Thesis Oral Examination Outcome Flowchart

