

Name of Student:

Examination Date:

Name Date

Effective: March 2024

## **SCHOOL OF GRADUATE STUDIES**

Outstanding

## **Doctoral Thesis Examiner Evaluation Form**

Report must be returned to the Thesis Office, approximately one week prior to the thesis defence at thesis@concordia.ca.

Very Good

Good

Satisfactory

School of Graduate Studies

For the purpose of doctoral prize competitions, I consider this thesis to be\*\*:

Excellent

Category	Rating*				Comment
	Е	G	S	U	
Contribution to knowledge (Originality, quality, quantity)					
Research and experimental work (adequacy, skill, thoroughness)					
Understanding of the subject (review of previous work, evaluation, validity of conclusions)					
Presentation (organization, tables, figures, style)					
defend the thesis? Yes No	hould	the o	ral exa	amina	tionbe held and the candidate permitted to no later than one week prior to the defence

\*\*Important Note: If the School of Graduate Studies receives a blank or incomplete form, the ranking score will be assigned as unsatisfactory