

## Master's Thesis Committee Report

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Student Name:

Thesis Title:

Student ID:

Department:

Thesis Defence Date:

Oral Defence? ☐ Yes ☐ No

Room:

**Examining Committee decision:**

Accepted

Not Accepted

*Note: Minor edits and typographic editorials do not require supervisor oversight***Thesis Ranking:**☐ Outstanding ☐ Excellent ☐ Very Good ☐ Satisfactory ☐ Unsatisfactory**Comments:****Committee Composition:**

List all members of the Examining Committee (including supervisor(s))

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Graduate Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Following the evaluation of a submitted Master's thesis by the Examining Committee, it is the responsibility of the Graduate Program to forward to the Thesis Office a completed Master's Thesis Evaluation Report that reflects the final decision of the Examining Committee.

Electronic copies must be submitted no later than one month after the defence date to: [thesis@concordia.ca](mailto:thesis@concordia.ca)