

Master's Thesis Committee Report

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