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| Student Name:  Student Number: |
| Degree Sought:  Title of Thesis: |
| Date of Examination:  **Examining Committee:**  Thesis Advisor:  Committee Member:  Committee Member:  Committee Member:  Committee Member:  Chair of Examining Committee:  **Recommendation to the Faculty of Graduate Studies:**  **Pass**        Pass with minor revisions (to be approved by the Thesis Advisor)        Resubmit with major revisions        Fail  **Signatures:**  Thesis Advisor:  Committee Member:  Committee Member:  Committee Member:  Committee Member:  Chair of Examining Committee: |