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|  | ▶**Thesis Defense Evaluation****Student Name: Student ID:****Student AUC email address:****Program:** **Thesis Title:** **Thesis Supervisor Name:** **Thesis Co-supervisor(s) Name(s):****Thesis Defense Moderator Name:****External Examiner/First Reader Name:** **Internal Examiner/Second Reader Name:**  |

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|  | **Evaluation (tick as appropriate)**1. **Pass with no revisions**
2. **Pass with minor revisions**

Please specify revisions: Updated thesis due date:1. **Pass with major revisions**

Please specify revisions:Updated thesis due date:1. **Fail - Repeat defense**

 Please list justifications:New defense date:  **(Please complete the thesis re-examination form)**1. **Fail - Degree Termination**

**Thesis Supervisor Signature:****Thesis Co-supervisor(s) Signatures:****External Examiner/First Reader Signature:** **Internal Examiner/Second Reader Signature:**  |