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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:** |