

Date: _____

▶ Defense Evaluation

Student Name:
Thesis Supervisor:
1st Reader:
Program:
Thesis Title:

Student ID:
Co-Supervisor:
2nd Reader:

Evaluation (tick as appropriate)

1. Pass with no revisions

2. Pass with minor revisions due on (date)

Please specify:

Updated thesis due date ()

3. Pass with major revisions due on (date)

Please specify:

Updated thesis due date ()

4. Fail - Repeat defense

Please list justifications:

New defense date ()

(Please complete the reexamination form)

5. Fail (degree termination)

Thesis Supervisor Signature

Co-Supervisor Signature

1st Reader Signature

2nd Reader Signature

Graduate Program Director's Signature

