

## Thesis Proposal Defense - Examination Form

*Student Name:*

Student Number:

Date of Examination:

Supervisor:

Committee Members:

*Thesis Title:*

### Ranking Categories

1. Pass

Comments:

---

---

---

2. Exam Deferral for Revisions

a) Date of re-examination \_\_\_\_\_

b) Details of required revisions (for additional comments use reverse side of sheet)

---

---

---

3. Fail (Second Attempt)

Comments:

---

---

---

Supervisor Signature

---

---

Committee Member

---

Committee Member

Supervisor Signature