

PhD Thesis Proposal Examination Form
Department of Gender, Sexuality, and Women's Studies

Date of Examination: _____ Is this a re-examination? yes no

Student: _____ Supervisor: _____

Examiner 1: _____ Examiner 2: _____

Thesis Title:

Ranking Categories

1. Pass without revisions

Comments:

2. Pass with minor revisions (all revisions to be supervised by supervisor and completed within two weeks)

Comments:

3. Major revisions and re-examination required

Details of required revisions:

Date of re-examination: _____

4. Fail (on attempt after major revisions. *Student is required to withdraw*)

Comments:

Signatures

Supervisor: _____

Examiner 1: _____

Examiner 2: _____

Graduate Chair: _____