



DATE OF ORAL DEFENCE:

STUDENT NAME	STUDENT NUMBER	PROGRAM	DEGREE
--------------	----------------	---------	--------

THESIS TITLE:

EXAMINING COMMITTEE'S RECOMMENDATION:

A vote must be taken. The Committee should choose from Recommendation 1, 2, 3, 4 or 5, whichever is applicable (see *Policies and Procedures for Masters and Ph.D. Defences*). Where the External Examiner does not share the majority view regarding the outcome of the defence, the examination shall be adjourned; the External Examiner shall write a report to the Dean indicating why he or she could not support the majority opinion of the Examining Committee, and the Dean will review the situation and establish appropriate procedures to resolve the matter. In addition, the Dean's designate/chairperson must submit a written assessment of the examination. The Dean's designate/chairperson should provide a report on the defence process regardless of the outcome. All reports must be copied to the department head.

Please indicate committee recommendation:            1                            2                            3                            4                            5

External Examiner:  Affiliation:	_____ SIGNATURE  _____ DATE
--	---

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Designate (Ph.D.)/Department Head or Graduate Chair (Master's) - PRINT NAME

\_\_\_\_\_  
Dean's Designate (Ph.D.)/Department Head or Graduate Chair (Master's) - SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor - PRINT NAME

\_\_\_\_\_  
Supervisor - SIGNATURE