## College of Graduate and Postdoctoral Studies

Room 116 Thorvaldson Building, 110 Science Place,
Saskatoon, SK CANADA S7N 5A2
Telephone (306)966-5751, Email grad.studies@usask.ca
DATE OF ORAL DEFENCE: $\square$ Date format: mmm d, yyyy
Example: Mar 2, 2024

|  |  |  | Master of |
| :--- | :--- | :--- | :--- |
| Student Name | Student Number | Academic Program | Degree |

THESIS TITLE:
$\square$

## EXAMINING COMMITTEE'S RECOMMENDATION:

The adequacy of a Master's thesis is decided by an examining committee consisting of the supervisor, the additional member(s) of the advisory committee, and one arm's length examiner who has not been a member of the student's advisory committee.

Based on the adjudication process established by the academic unit, has the thesis requirement for this student been met?

Yes $\square$ No $\square$ *only select No if a student fails the thesis requirement

| Arm's Length |  |  |
| :--- | :--- | :--- |
| Examiner: |  |  |
| Affiliation: |  |  |
|  |  | Signature |
|  |  | Date |

Names of Supervisor(s) and Additional Member(s)
Signatures

|  |  |
| :--- | :--- |
|  |  |
|  |  |
|  |  |

On behalf of the $\qquad$ I recommend that the student's name go forward to the Faculty of the College of Graduate and Postdoctoral Studies for award of Master of degree.

Graduate Chair Signature

