

**Faculty of Health Studies**

**Thesis and Oral Examination**

**Final Report**

**Student Name:**  **Student Number:** 

**Degree Sought:** 

**Title of Thesis:** 

**Date of Examination:** 

**Examining Committee:**

Thesis Advisor: 

Committee Member: 

Committee Member: 

Chair of Examining Committee: 

**Recommendation to the Faculty of Graduate Studies:**

Thesis

Pass

Pass with minor revisions (to be approved by the Thesis Advisor)

Resubmit with major revisions

Fail

Oral Defense

Pass

Repeat oral defense

Fail

**Signatures:**

Thesis Advisor: 

Committee Member: 

Committee Member: 

Chair of Examining Committee: 