



**Faculty of Health Studies**  
**Thesis and Oral Examination Final Report**  
**(Completed by the Thesis Advisor)**

**Student Name:**

**Student Number:**

**Degree Sought:**

**Title of Thesis:**

**Date of Examination:**

**Examining Committee:**

Thesis Advisor:

Committee Member:

Committee Member:

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:

Committee Member:

Committee Member:

Chair of Examining Committee: