



GRADUATE STUDIES  
– Final Oral Examination Report

Note: To be returned to the office of the Dean of Graduate Studies after the thesis defense .

Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_

ID #: \_\_\_\_\_ Department: \_\_\_\_\_

Committee Comments

Examination Committee Signatures :

\_\_\_\_\_  
Graduate Studies Chair (or representative)

\_\_\_\_\_  
External Examiner

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Co-Supervisor/Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
MSc Candidate