

Examiner's Report on Thesis

___ Examiner 1 ___ Examiner 2 (External)

Name of Candidate: _____

Degree Sought: _____

Academic Unit: _____

Title of Thesis: _____

Indicate your assessment of the thesis by checking one of the boxes below.

___ **Accepted**

___ **Accepted Subject to Revisions**

- Please indicate suggested revisions on the attached form.

___ **Appreciable Revisions Required**

- If you choose this category, please indicate the revisions required before you would find the thesis acceptable; please use the attached form to do so. If ranked in this category, the revised thesis will be returned to you for final acceptance.

___ **Thesis Rejected**

- A choice of "Rejected" means that the thesis is of insufficient worth to be counted as credit toward a Master's degree.

Examiner (Print Name)

Examiner (Signature)

Date