



Report on Thesis Examination

(Supervisor and committee members complete this form after presentation of Thesis Defence)

Student Name: _____

Student ID: _____

Program: _____

Status: Standard Full-time Flexible Full-time

Estimated date of completion: _____ / _____ Month/Year

Title of Thesis:

Thesis Committee Members:

Supervisor

Co-supervisor *(if applicable)*

Committee Member #1

Committee Member #2

Committee Member #3

Proposed Internal/External Examiner *(if known)*

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

Accepted

Accepted Subject to Revisions

- Revisions are specified and the final document is reviewed and approved by the thesis supervisor

Appreciable Revisions Required

- Revisions are specified and the final document is reviewed and approved by all members of the thesis committee

Proposal Rejected

- A choice of "Proposal Rejected" means that the proposal must be rewritten; a second oral presentation may also be required



Lakehead
UNIVERSITY

Department of
**Health
Sciences**

Comments regarding your choice and/or specific revisions. (Attach additional pages as needed).

June 15, 2020



Supervisor

Date

Co-supervisor (if applicable)

Date

Committee member #1

Date

Committee member #2

Date

Committee member #3

Date

Graduate Coordinator

Date