



Oral Defence Examination Committee Report

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

Student Name: _____

Student ID: _____

Program: _____

Status: ☐ Standard Full-time ☐ Flexible Full-time

Estimated date of completion: _____ / _____ Month/Year

Title of Dissertation: _____

Dissertation Committee Members:

Supervisor

Co-supervisor (if applicable)

Committee Member #1

Committee Member #2

Internal Examiner

External Examiner

Indicate your assessment of the dissertation 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 dissertation supervisor
- ☐ Appreciable Revisions Required
 - Revisions are specified and the final document is reviewed and approved by all members of the dissertation committee
- ☐ Proposal Rejected
 - A choice of "Proposal Rejected" means that the proposal must be rewritten; a second oral presentation may also be required



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

June 2, 2023



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Sciences

Supervisor

Date

Co-supervisor (if applicable)

Date

Committee member #1

Date

Committee member #2

Date

Internal Examiner

Date

External Examiner

Date

Graduate Coordinator/Chair

Date