

SCHOOL OF GRADUATE STUDIES



FACULTY OF EDUCATION – MASTER'S ORAL THESIS EXAMINATION FORM

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information will be used to process the master's oral thesis examination.

STUDENT NAME:		STUDENT #:	
DATE:		E-MAIL(S):	
TIME:		DEPARTMENT:	EDUC
LOCATION:		OPEN/CLOSED DEFENSE:	Student signature required if Open.
THESIS TITLE:			

COMMITTEE:	NAME:	DEPARTMENT: (i.e. EDUC)
Chair (Appointed by Associate Dean)		
Supervisor(s):		
Committee Member(s):		
Examiner (see i, ii, or iii below):		

The Master's Thesis Examination Committee for Master's students in Education shall comprise at least the following members:

- Chair;
- Supervisor(s);
- Supervisory Committee member(s);
- At least one other faculty member, who may be:
 - From the department OR
 - External to the department, OR
 - In exceptional circumstances, external to Queen's.

NOTES:

- In the exceptional case, where a faculty member of another Department, with sufficient expertise, cannot be found within Queen's University, a suitable member from another nearby institution may be recommended for the approval of the Dean of the School of Graduate Studies.
- The Chair of the Master's Thesis examination committee is not a voting member of the committee.
- In cases where ALL members of the Master's Thesis Examination Committee are internal to the department, both the Associate Dean of Graduate Studies and Research and the Dean of Education must approve the committee.

Important: Before the oral examination may proceed, the student must be currently REGISTERED and have completed all course requirements.

Exam Confirmed with:	Supervisor(s):	
<i>E-mail sent to:</i>	Associate Dean, Graduate Studies:	
Student	Dean or Delegate (see # 3 above)	
Chair		
Examining Committee		
SGS – Thesis Coordinator		
Date		

SCHOOL OF GRADUATE STUDIES

Master's Thesis Examination RESULT Form (M.Ed.)



Student Name:			
Student #:		Department:	Faculty of Education
E-mail: <small>(Queen's; Dept; Personal)</small>			
Examination Date:		Time:	

Required changes (if any) and person(s) who must verify the changes (use a separate page if necessary)

Note: If necessary, this form can be photocopied and passed along to the examiner responsible for confirming required revisions.

COMMITTEE	NAME	DEPT	PASSED	REFERRED	FAILED	SIGNATURE
Supervisor(s)						
Examiner						
Examiner						
Examiner						
Result Chair: - <small>(Please sign)</small>						

Please send original form to SGS with the following:

- 1) Transcript
- 2) UMI Form
- 3) National Library Form
- and 4) co-author form (if applicable).

For SGS office use only:			
Transcript checked by:		Completion Date:	
<i>Director, Admissions & Student Services</i>		Convocation Session:	

SCHOOL OF GRADUATE STUDIES
MASTER'S ORAL EXAMINATION CONDUCT REPORT



Student Name		Department:	Faculty of Education
Oral Exam Date:		Degree:	M.ED.

7. After the oral thesis examination, examiners are to submit reports on the conduct of the examination to the Associate Dean of Graduate Studies. In particular, any member of the committee who is external to the candidate's home department shall submit this report.

Please comment on the conduct of the examination. If the structure of the examination deviated from the written procedures or the process was unfair in any way, please indicate the nature of the concern.

Comments:

Date: _____ Signed: _____