

MA Thesis Defense Form M3

To be completed by the MA Supervisory Committee and submitted on or before July 15 of MA Year 2. The Chair of the Supervisory Committee is responsible for submitting this form to the Graduate Office at clinical-psych@utsc.utoronto.ca within 24 hours of the examination.

Student Full Name _____

Student Number: _____

Supervisor: _____

Co-Supervisor (if applicable): _____

Date of Examination: _____ Examination Date (if applicable): _____

Master's Thesis Title: _____

Supervisory Committee Recommendations and Signatures	
Written Document ..Passed no revisions ..Passed with revisions (see Section A) ..Failed (see Section B)	Oral Presentation ..Passed ..Failed (see Section C)

Chair (Supervisor or Co-Supervisor) Name Signature Date

Name Signature Date

Name Signature Date

Name Signature Date

SECOND ATTEMPT: Supervisory Committee Recommendations and Signatures	
Revised Written Document* ..Passed ..Passed with revisions (see Section A) ..Failed	Oral Presentation* ..Passed ..Failed

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Section A: PASSED WITH REVISIONS

Please complete at the examination

In the case of a Passed with Revisions, the committee must provide comments/recommendations to the student (using the feedback box below and additional paper if required). The committee may also send more detailed written feedback to the student up to one-week postexamination.

Check one: ..Major Revisions ..Minor Revisions

Comments/Recommendations

Section B FAILED WRITTEN DOCUMENT

Please complete at the examination

In the case of a Failed written document, the committee must provide comments/recommendations to the student (using the feedback box below and additional paper if required). The committee may also send more detailed written feedback to the student up to one-week postexamination.

Comments/Recommendations

SectionC: FAILED ORAL PRESENTATION

To be completed at the examination

In the case of a Failed oral examination, the committee must provide comments/