**McMASTER UNIVERSITY**

**SCHOOL OF GRADUATE STUDIES**

**REPORT OF EXAMINING COMMITTEE ON MASTER'S THESIS**

**MEDICAL SCIENCES GRADUATE PROGRAM**

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| **Name of Candidate:**  | **Student Number:**  | **Exam Date:**  |

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| **Master’s Thesis Title:**  |

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| **Name and final judgement on the thesis:** |
| First member: Satisfactory [ ]  Unsatisfactory [ ] Comments: **Signature:**  |
| 2nd Member: Satisfactory [ ]  Unsatisfactory [ ] Comments: **Signature:**  |
| 3rd Member: Satisfactory [ ]  Unsatisfactory [ ] Comments: **Signature:**  |
| 4th Member: Satisfactory [ ]  Unsatisfactory [ ] Comments: **Signature:**  |

**Final Decision of Committee:** **[ ]  Satisfactory** **[ ]  Unsatisfactory Date: June 22, 2022**

**Signature of Chair of Oral Defence: Dr. Sandeep Raha**

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\*The Chair only votes in the case of a tie

**PLEASE SUBMIT THE COMPLETED FORM ELECTRONICALLY TO THE MEDICAL SCIENCES GRADUATE PROGRAM OFFICE AT** **medsci@mcmaster.ca**