**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**](mailto:medsci@mcmaster.ca)