



MASTER'S THESIS DEFENSE REPORT FORM

Part I. Student and Thesis Defense Examination Information *(To be completed by the Chair of the Jury)*

Student No		Student's Name		Date of the TD Examination Taken Before, if any
		Supervisor's Name	/...../20....

Jury Chair

Date		Time		Place	
------	--	------	--	-------	--

Master's Thesis Defense Exam Committee

	Academic Title and Name	Signature	Result
Member 1 (Jury Chair)			<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Member 2			<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Member 3			<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Member 4			<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Member 5			<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Final Decision

<input type="checkbox"/> Satisfactory	The Master's Thesis Defense Examination Jury judges that the student named above has satisfactorily completed the examination.	Signature of the Jury Chair	
<input type="checkbox"/> Unsatisfactory	The Master's Thesis Defense Examination Jury judges that the student named above has not satisfactorily completed the examination.	Date	

Jury Report

Please write a short report on the written and oral exam performances of the student

Part II. Approvals

Dept. Chairperson <small>Title and Name</small>		Signature		Date	
---	--	------------------	--	-------------	--

The Department should inform the Graduate School of Applied Science about the result of the defense by sending the approved report.

Director of the Graduate School of Applied Science <small>Title and Name</small>		Signature		Date Received	
--	--	------------------	--	----------------------	--