

Assessment of Readiness to Defend MA/MFA/MMus/MSc/MN/PhD

This form is a recommendation on the student's readiness to defend his or her thesis. The Supervisor, each member of the Supervisory Committee and, where applicable, the External Examiner are each required to complete this assessment of the Thesis and submit it to the Chair of the Thesis Examination Committee at least one (1) week prior to the date of the defence. The assessment is confidential and must not be made available to the student or to the other members of the Thesis Examination Committee prior to its final decision on the Thesis.

In cases where the reports are negative, the Dean of the School of Graduate Studies shall consult with the supervisor(s) to decide whether the examination should proceed as scheduled.

For detailed information, review the Graduate Studies Calendar and Course Catalogue (<u>www.ulethbridge.ca/ross/academic-calendar</u>), and the SGS Policies and Procedures (<u>www.ulethbridge.ca/graduate-studies/policies-procedures</u>).

STUDENT INFORMATION				
Surname:	Given name(s):			
Degree:		Major:		
Concentration/specialization (if applicable):				
Date of Thesis Oral Defence:				
EXAMINER'S ASSESSMENT OF THE THESIS				
The Thesis Examination Committee must assess if the student's thesis meets or exceeds the academic standards				
for the thesis. In assessing the thesis, the committee must recognize that even an excellent thesis is not				
necessarily perfect in all respects. Taken as a whole, the thesis must be a sound piece of scholarship.				
MA/MMus/MSc/PhD assessment		MFA assessment		
\Box I have read the Thesis and my assessment is as		I have read the Support Paper, and I will have seen the Thesis Project/Exhibition before the scheduled		
follows:				
Yes, advance to the Thesis oral pro and defence as scheduled	esentation	oral presentation and defence. My assessment is as follows:		
No, not ready to proceed to the so Thesis oral presentation and defended		Yes, advance to the Thesis oral presentation and defence as scheduled		
		□ No , not ready to proceed to the scheduled		
		Thesis oral presentation and defence		

The personal information on this form is collected pursuant to the Post-secondary Learning Act and the Freedom of Information and Protection of Privacy Act and will be used to document progress in an academic program. If you have questions about the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at, 403-332-4620 or by email to foip@uleth.ca.



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COMMENTS ON THE THESIS

Include your comments indicating the strengths and weaknesses of the document as part of the Thesis in your discipline (attach additional page, if necessary):

THESIS EXAMINATION COMMITTEE MEMBER SIGNATURE				
Name:	Highest degree:			
Academic rank:	If Other:			
Signature:		Date:		

The Thesis Examination Committee Chair is to return this form along with the Thesis Project Examination Report form to the relevant Graduate Program Office immediately following the defence.

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