

Assessment of Readiness to Defend MEd/PhD in Education

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 edu.masters@uleth.ca at least two (2) weeks 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 Associate Dean, Graduate Studies and Research in Education 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 (www.ulethbridge.ca/ross/academic-calendar), and the SGS Policies and Procedures (www.ulethbridge.ca/graduate-studies/policies-procedures).

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.	
MEd/PhD in Education assessment <input type="checkbox"/> I have read the Thesis and my assessment is as follows: <ul style="list-style-type: none"> <input type="checkbox"/> Yes, advance to the Thesis oral presentation and defence as scheduled <input type="checkbox"/> No, not ready to proceed to the scheduled Thesis oral presentation and defence 	

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MEd/PhD in Education

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 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.