Oral Examination for the Degree of Master of Arts (Form M3)

Full Name of Student: ___________________________________________________________

Student Number:  ___________________________________________________________

Supervisor:  ___________________________________________________________

Co-Supervisor (if applicable): ____________________________________________________

Date of Examination: ___________________________

Master’s Thesis Title:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Supervisory Committee (print name, then sign and date):

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<th>Chair (Supervisor or Co-Supervisor), Name</th>
<th>Signature</th>
<th>Date</th>
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Recommendations by the Supervisory Committee:

☐ Passed  ☐ Passed With Modifications  ☐ Failed

N.B. The Chair of the Supervisory Committee is responsible for submitting this form to the Psychological Clinical Science Graduate Office (SW427G) within 24 hours of the examination. Students must complete modifications no later than July 15.

Last Revised June 2016