



65A - THESIS DEFENCE REPORT FORM

The student, whose name is given below, has completed and defended his/her thesis in front of the jury.

Date :
Program Coordinator :
Signature of The Program Coordinator :

Please submit this form within **three days** after the Thesis Defence to the Registrar's Office.

STUDENT INFORMATION

ID No :
Full Name :
Program :
Entry Year :

THESIS INFORMATION

Thesis Title :

Thesis Advisor Full Name :
Thesis Co-Advisor Full Name :

THESIS EXAM REPORT

The jury, as convened on / / 20.... , has examined the thesis submitted and defended by the student named above, and agreed at the end of the oral examination

through consensus through majority vote*

to take the following decision:

Successful Unsuccessful**

Correction (3 months)**

Thesis courses and sections	Grade

* For decisions taken through **Majority Vote**, a report must be appended for each dissenting member.
** A jury report must be submitted for **Unsuccessful** or **Correction** decisions. The jury report must be signed by all jury members and/or jury chair.



	TITLE & FULL NAME	PROGRAM / DEPARTMENT / INSTITUTION	SIGNATURE
CHAIR			
THESIS ADVISOR			
MEMBER			
MEMBER			
MEMBER			