# Master’s Thesis External Examiner Report

Please return this form to the Graduate Program Coordinator at least **two (2) weeks** prior to defence date; the defence date is scheduled for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TRU E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thesis title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate your assessment of the thesis by checking one of the boxes**:

|  |  |
| --- | --- |
| q | **Acceptable and ready for defence with minor revisions.*** Typographical or grammatical errors
* Formatting issues
* Incomplete references
* Need for minor clarification of content
 |
|  |  |
| q | **Acceptable and ready for defence with moderate revisions.*** Need for further discussion or elaboration in some sections
* Addition of references to support material in some sections
 |
|  |  |
| q | **Acceptable and ready for defence but requiring major revisions.*** Significant technical errors or inaccuracies
* Unsubstantiated findings or conclusions
* Improper data analysis
* Major flaws in grammar and presentation
* Need to rewrite substantial portions to strengthen the thesis
 |
|  |  |
| q | **Not acceptable and not ready for defence.*** The thesis is of insufficient worth to be counted as credit towards a Master’s degree.
 |

Please attach a summary of the required and/or suggested revisions for the Candidate.

Name of Examiner: Tatiana Gounko

Signature: Date:

NOTE: It is expected that the Examiner will attend the oral defence in person or on-line. If you are unable to attend, please provide a list of questions (3 or more) with this report so that they will be posed to the Candidate by the Neutral Chair during the oral examination*.*

*Distribution: Original with Graduate Program Coordinator and copies to Office of Research and Graduate Studies (gradstudies@tru.ca) and to Supervisor.*