



UBC School of Kinesiology MASTER'S THESIS DEFENSE REPORT

Chair:			
Student Name:		Degree:	
Student #:			
Thesis Title:			

Comments

PASS <input type="checkbox"/> <i>Chair submits signed form immediately</i>	FAIL <input type="checkbox"/> <i>Chair submits signed form immediately</i>
PASS with MINOR Revisions <input type="checkbox"/> <i>Chair submits signed form immediately</i>	PASS with MAJOR Revisions <input type="checkbox"/> <i>Submit signed form AFTER revisions completed</i>

Signatures required from ALL Committee Members

Thesis Supervisor		<i>Signature</i>
1) Committee Member		<i>Signature</i>
2) Committee Member		<i>Signature</i>
3) Committee Member		<i>Signature</i>

1. Chair: _____	Date: _____
2. Associate Director: _____	Date: _____

Please return to the Graduate Program Assistant.