

**BROCK UNIVERSITY
FACULTY OF SOCIAL SCIENCES
CERTIFICATE OF APPROVAL
Master of Arts**

Thesis Title:

Presented by:

The undersigned, members of the Examination Board, hereby certify that the thesis, in partial fulfillment of the degree, Master of Arts, is satisfactory.

Examination Board:

Chair of Examining Committee

NAME: _____
Signature: _____

Program/Department Chair/Director or Designate

NAME: _____
Signature: _____

Thesis Supervisor

NAME: _____
Signature: _____

Member of Supervisory Committee

NAME: _____
Signature: _____

External Examiner

NAME: _____
Signature: _____

Member of Supervisory Committee

NAME: _____
Signature: _____

*For Videoconference Defences Only – External Examiner has given permission to Chair of Examining Committee to sign for External Examiner: YES _____ NO _____

Date of Thesis Defence: _____

Received by: _____

Date: _____

BROCK UNIVERSITY
Faculty of Social Sciences
Report of Graduate Thesis Examination Board

Name of student: _____

Department/Program: _____

Date of Examination: _____

Title of Thesis: _____

Examination Board:

Chair of Examining Committee
NAME _____
Signature _____

Program/Department Chair/Director or Designate
NAME _____
Signature _____

Thesis Supervisor
NAME _____
Signature _____

Member of Supervisory Committee
NAME _____
Signature _____

External Examiner
NAME _____
Signature _____

Member of Supervisory Committee
NAME _____
Signature _____

Evaluation of Thesis Defence
_____ Satisfactory _____ Unsatisfactory

Thesis grade
_____ Pass _____ Fail

Evaluation of thesis
_____ Thesis satisfactory and accepted as submitted.
_____ Thesis accepted after minor corrections or modifications.
_____ Thesis accepted conditionally upon completion of major modifications as outlined on attached sheet.
_____ Decision deferred until after i) completion of major modifications as outlined on attached sheet and ii) a new and satisfactory defence.
_____ Thesis is unsatisfactory and not acceptable

Copies: (1) Department/Program (2) Office of the Dean (3) Student

BROCK UNIVERSITY
Faculty of Social Sciences
Statement of Major Modifications

Name of Student: _____

Title of thesis:

This thesis has been accepted conditional upon completion of the following changes:

I understand that the above changes must be completed by _____ Date: _____

Signature of student: _____

Signature of Thesis Supervisor : _____

The above changes have been completed to my satisfaction.
Signature of Thesis Supervisor: _____ Date: _____

