

# MASTER'S THESIS DEFENCE FORM

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

Student #: \_\_\_\_\_

Program: Psychology

Degree: M.Sc.

Defence Date: \_\_\_\_\_

THE DEFENCE COMMITTEE SHOULD INDICATE THEIR DECISION REGARDING THE THESIS BY MARKING THE APPROPRIATE BOXES

Defence Committee:

Name	Pass			Fail
	No Changes	Minor Changes	Major Changes	

Defence Committee Chair:

\_\_\_\_\_ Name

\_\_\_\_\_ Signature

Please complete and submit this form to the main Psychology office.