

**Report of Graduate Department of Public Health Sciences  
Oral Defense Committee Meeting**

Date, Time & Location: \_\_\_\_\_

	<b>Student Number</b>	<b>Name</b>	<b>Signatures</b> <small>(to indicate approval of thesis and its defense)</small>
<b>Student:</b>	_____	_____	_____
<b>Supervisor:</b>		_____	_____
<b>Co-Supervisor:</b> <small>(if applicable)</small>		_____	_____
<b>Committee Members:</b>		_____	_____
		_____	_____
		_____	_____
<b>Examiners:</b>		_____	_____
		<small>(Program Director's Representative)</small>	_____
		_____	_____

**Final Dissertation Review**

1. Dissertation initially circulated to Committee on: \_\_\_\_\_

2. Dissertation is acceptable:

\_\_\_\_\_ as is

\_\_\_\_\_ with corrections/modifications as described in report to be prepared by \_\_\_\_\_  
(Program Director's Rep)

3. Another Supervisory Committee meeting required to see final dissertation: \_\_\_\_ Yes \_\_\_\_ No

4. If no, Committee member to see that changes are made: \_\_\_\_\_

5. Dissertation recommended for examination in: \_\_\_\_\_ months.