

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

Date, Time & Location: _____

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

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.