

Rehabilitation Sciences Institute

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REPORT ON M.Sc. THESIS DEFENSE

Name of Student:	Student Number:
Signature:	Date of Defense:
Name of Supervisor(s):	Committee Chair:
Committee Member:	Committee Member:
Internal Examiner:	External Examiner:

To be Completed by Committee:

Thesis Title/Topic:																																																								
<p>Please rate the candidate from Poor (1) to Excellent (5) and circle your choice below:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 55%;">Grasp of field around research topic</td> <td style="width: 10%;">1</td> <td style="width: 10%;">2</td> <td style="width: 10%;">3</td> <td style="width: 10%;">4</td> <td style="width: 10%;">5</td> </tr> <tr> <td>2.</td> <td>Background and rationale of research indicated</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>3.</td> <td>Quality of research</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>4.</td> <td>Originality of research</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>5.</td> <td>Coherence and effectiveness of presentation</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>6.</td> <td>Ability to answer questions</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>7.</td> <td>Relevance to Rehabilitation Science</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>8.</td> <td>Overall evaluation</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	1.	Grasp of field around research topic	1	2	3	4	5	2.	Background and rationale of research indicated	1	2	3	4	5	3.	Quality of research	1	2	3	4	5	4.	Originality of research	1	2	3	4	5	5.	Coherence and effectiveness of presentation	1	2	3	4	5	6.	Ability to answer questions	1	2	3	4	5	7.	Relevance to Rehabilitation Science	1	2	3	4	5	8.	Overall evaluation	1	2	3	4	5
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<p>Committee Comments (please append additional pages, if necessary)</p> 																																																								
<p> <input type="checkbox"/> Accepted without changes <input type="checkbox"/> Accepted with minor corrections <input type="checkbox"/> Accepted with minor modifications <input type="checkbox"/> Accepted with major modifications <input type="checkbox"/> Failed <input type="checkbox"/> <i>If changes are required, please indicate who, in addition to the supervisor(s), is responsible for ensuring that these corrections are satisfactorily carried out:</i> </p> <p>_____</p> <p>This person will then write a brief letter to the Chair, indicating that corrections have been carried out, before the thesis will be accepted by the Department.</p> <p>Does the Committee accept the thesis? _____</p>																																																								

Does the Committee consider the student to be a good candidate for PhD _____

We recommend that this thesis be accepted in partial fulfilment of the requirement for the Degree of Master of Science (please provide signatures below).

**Committee
Chair:**

Supervisor:

**Committee
Member:**

**Committee
Member:**

**Internal
Examiner:**

**External
Examiner:**