

# 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:** \_\_\_\_\_

*Please rate the candidate from Poor (1) to Excellent (5) and circle your choice below:*

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

**Committee Comments** (please append additional pages, if necessary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Does the Committee accept the thesis?**

- |                                   |                                 |                                   |
|-----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/>          |
| ACCEPTED WITHOUT CHANGES          | ACCEPTED WITH MINOR CORRECTIONS | ACCEPTED WITH MINOR MODIFICATIONS |
| <input type="checkbox"/>          | <input type="checkbox"/>        |                                   |
| ACCEPTED WITH MAJOR MODIFICATIONS | FAILED                          |                                   |

*If changes are required, please indicate who, in addition to the supervisor(s), is responsible for ensuring that these corrections are satisfactorily carried out: \_\_\_\_\_*

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.

**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).

<i>Committee Chair:</i>	<i>Supervisor:</i>	<i>Committee Member:</i>	<i>Committee Member:</i>	<i>Internal Examiner:</i>	<i>External Examiner:</i>

## **POLICY ON REVISIONS ON REPORT ON M.SC. THESIS DEFENSE**

- **Present Form** - no changes
- **Minor corrections:** involve typographical errors, errors in punctuation or problems in style. These alterations must be completed within one month (at least one week prior to the deadline for submitting a degree recommendation to the School of Graduate Studies). Changes are checked by the supervisor(s) and the supervisor will inform the Graduate Chair/Coordinator in writing.
- **Minor Modifications:** are more than changes in style and less than major changes in the thesis. A typical example of a minor modification is clarification sought concerning textual material or the qualification of research findings or conclusions. Changes are checked by the supervisor(s) and must be capable of completion within three months, preferably much sooner. The supervisor will inform the Graduate Chair/Coordinator in writing.
- **Major modifications:** entail substantial revisions in one or more of the conceptual rationale, design, documentation and conclusions of the research. This decision would result in an adjournment with a reconvened examination to be held within a year by the Examination Committee.

When changes have been made and checked, the Supervisor will then write a brief letter to the Director, indicating that these changes have been made, before the thesis will be accepted by the Department.