MEMORANDUM TO: Academic Affairs Office

FROM: __________________________________________
(Thesis Director)

SUBJECT: MEng Oral Examination and Thesis Defense For
_____________________________________________
(Name of Student)

1. The oral examination and thesis defense of the above named degree candidate was held on
__________________________________________ (Day of Week), ________________ (Date) in Room No.
_________ in __________________________(Building).

2. The examination and defense began at __________ (Time) and was concluded at __________ (Time).

3. The candidate PASSED FAILED (delete whichever not applicable) the oral examination and thesis defense.

4. Qualifications or clarifying statements considered to be important by the Thesis Director (Optional):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

(Thesis Director)

Copy to:  Department Chair