

FORM 2

THESIS DEFENSE APPROVAL

DEPARTMENT OF LABOR STUDIES AND EMPLOYMENT RELATIONS

Name of Candidate _____ Date _____

Title of Thesis: _____

Having read the thesis and examined the candidate, the committee of the above named candidate has

_____ (passed / failed) the thesis defense. The vote is as follows:

Passed

Failed

Each faculty member must sign either pass or fail. More than one "fail" vote results in failure of the defense. Failure of the defense will require the scheduling of a second thesis defense. A copy of this form must be completed and attached to a copy of the thesis and placed in the student's file as soon as possible following the thesis defense.

cc: Graduate Officer
Student's file