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

____________________

____________________

____________________

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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