

**Department of Religious Studies  
McMaster University**

**PRELIMINARY REPORT OF EXAMINING COMMITTEE ON M.A. THESIS/PROJECT \***  
(TO BE COMPLETED BY ALL MEMBERS OF THE EXAMINING COMMITTEE)

Name of Candidate: \_\_\_\_\_

Title of Thesis/Project \_\_\_\_\_  
\_\_\_\_\_

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- \_\_\_\_\_ Approved for defence
- \_\_\_\_\_ Approved for defence with reservation  
(Indicate reservations below)
- \_\_\_\_\_ Not approved  
(Indicate major reservations below or on an attached  
sheet)

Comments:

\_\_\_\_\_   
Date

\_\_\_\_\_   
Printed Name of Committee Member

\_\_\_\_\_   
Signature of Committee Member

**\* THIS SHOULD BE SUBMITTED TO THE CHAIR OF THE DEPARTMENT AT LEAST ONE WEEK PRIOR TO THE ANTICIPATED DATE OF DEFENCE.**