

Graduation Approval

This form is to be completed by the Program Coordinator and submitted to the Office of Research and Graduate Studies.

Student Identification

Name: _____

I.D. Number: _____ E-mail Address: _____

Program: _____

Thesis title: _____

Graduation Requirements

- All required coursework is complete to the standards of the program.
- The Thesis Defence Report is complete and the original is attached.
- The Theses Non-Exclusive License form is complete and the original is attached.
- An electronic copy of the final thesis has been submitted to the Program Coordinator and the Office of Research and Graduate Studies.
- A total of ____ printed copies of the final thesis are attached.
- Payment for the thesis-binding fee (\$50 per copy) is attached (Interdepartmental invoice and/or cheque).
- The student has completed an application to graduate.

Approval

- In accordance with the instructions provided by the thesis Examining Committee, all required material corrections have been made.
- In my opinion, the thesis meets the standards required by the Office of Research and Graduate Studies.
- I hereby certify that the above-named student has completed all the academic requirements for the above-named degree.

	Name (please print)	Signature	Date
Primary Supervisor	_____	_____	_____
Co-supervisor (if applicable)	_____	_____	_____
Program Coordinator	_____	_____	_____
AVP Research and Graduate Studies	_____	_____	_____

Distribution: Original with Office of Research and Graduate Studies; copy to the Program Coordinator.