

Students must submit this completed and signed form together with their final thesis from their TWU student email ([@mytwu.ca](mailto:@mytwu.ca)) to the Graduate Studies Coordinator at [GradStudies@twu.ca](mailto:GradStudies@twu.ca), as part of the process for completing thesis requirements.

Students may reference the **Post-Defence Student Checklist** for complete post-defence thesis completion requirements.

**INSTRUCTIONS:** Refer to the Recommendation of the Thesis Evaluation Agreement to determine which examining committee members are required to review the recommended thesis revisions and approve the final version of the thesis.

**STUDENT INFORMATION**

STUDENT NAME	STUDENT ID	STUDENT SIGNATURE	
STUDENT EMAIL ( <a href="mailto:@mytwu.ca">@mytwu.ca</a> )	PROGRAM OF STUDY DEGREE		DEFENCE DATE
THESIS TITLE			

The **Recommendation of the Thesis Evaluation Agreement** requires that:

- 1) The thesis merits the award of the degree and is acceptable as is without revision (therefore, no committee member signature(s) are required below).
- 2) The thesis merits the award of the degree, subject to minor revisions made to the satisfaction of the thesis supervisor.
- 3) The thesis merits the award of the degree, subject to moderate revisions made to the satisfaction of the thesis supervisor and at least one other member of the examining committee, namely: \_\_\_\_\_.
- 4) The thesis merits the award of the degree subject to substantive revisions made to the satisfaction of the entire examining committee.

The undersigned certify that, further to the Recommendation of the Thesis Evaluation Agreement, they have read the student's final thesis, have approved the required revisions, and recommend this thesis to the Office of Graduate Studies for publication.

_____ <input type="checkbox"/> Supervisor / <input type="checkbox"/> Co-Supervisor (Name, Credentials)	_____ Signature	_____ Email
_____ Co-Supervisor (Name, Credentials), if needed	_____ Signature	_____ Email
_____ Examining Committee Member (Name, Credentials)	_____ Signature	_____ Email
_____ Examining Committee Member (Name, Credentials)	_____ Signature	_____ Email
_____ Examining Committee Member (Name, Credentials)	_____ Signature	_____ Email

**FOR USE BY THE OFFICE OF GRADUATE STUDIES ONLY**

Date this form and final thesis were received by the Office of Graduate Studies:
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