

FORM. The intent of this form is to advise the Office of Graduate Studies that the student has made the recommended revisions to their thesis, that the required examining committee members have reviewed the revisions and approve the final draft, and that the thesis is ready for publication. Refer to the Recommendation section 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.

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

STUDENT INFORMATION

STUDENT NAME	STUDENT ID	STUDENT SIGNATURE	
STUDENT EMAIL (@mytwu.ca)	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.

_____ Thesis Advisor (Name, Credentials)	_____ Signature	_____ Date
_____ Co-Advisor (Name, Credentials), if needed	_____ Signature	_____ Date
_____ Degree Committee Member (Name, Credentials)	_____ Signature	_____ Date
_____ Degree Committee Member (Name, Credentials)	_____ Signature	_____ Date

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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