The Student must submit this form directly to the Office of Research & Graduate Studies, as part of the process for completing thesis requirements.

Students may reference the Post-Defence Student Checklist for thesis completion requirements.

|  |  |
| --- | --- |
| STUDENT NAME:      | STUDENT ID#:      |
| STUDENT EMAIL:      | STUDENT SIGNATURE:  |
| PROGRAM:      | DATE DEFENDED:      |
| THESIS TITLE:      |

As the thesis supervisor for the above student, I certify I have read this student’s defended thesis (title above), have approved changes required by the examination committee, and recommend this thesis to the Office of Research & Graduate Studies for acceptance.

Name of Thesis Supervisor Signature of Thesis Supervisor Date

Further to the Recommendation indicated on the Thesis Evaluation & Agreement, the undersigned examining committee member(s) certify that:

[ ]  the thesis merits the award of the degree and is acceptable as is.

[ ]  the thesis merits the award of the degree subject to minor revisions made to the satisfaction of the Thesis Supervisor.

[ ]  the thesis merits the award of the degree subject to revisions made to the satisfaction of the Thesis Supervisor and at least one other member of the Examination Committee.

[ ]  the thesis merits the award of the degree subject to revisions made to the satisfaction of the entire Examination Committee.

Name of Examining Committee Member Signature of Examining Committee Member Date

Name of Examining Committee Member Signature of Examining Committee Member Date