



## OFFICE OF RESEARCH & GRADUATE STUDIES

## Final Thesis Completion

Students must submit this form directly to the Graduate Studies Coordinator ([fgs@twu.ca](mailto:fgs@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.

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