

# Recommendation of the Award of the Degree Master of Education and Master of Counselling

University of Lethbridge ID Number

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Today's Date (DDMMYYYY)

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This form must be completed by the supervisor and submitted to the Assistant Dean of Graduate Studies and Research in Education, who will forward to the Dean of the School of Graduate Studies upon satisfactory completion of all Thesis or Project requirements.

The completed form, as well as an official copy of the Thesis or Project, must be received by the Dean of the School of Graduate Studies, by no later than February 15 for Spring Convocation, and no later than June 15 for Fall Convocation.

Review the program specific Policies & Procedures for detailed information ([www.ulethbridge.ca/graduate-studies/policies-procedures](http://www.ulethbridge.ca/graduate-studies/policies-procedures)).

## Student information

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Master of Counselling     Master of Education    M.Ed. Major (and Cohort if applicable): \_\_\_\_\_

Thesis or Project title: \_\_\_\_\_

Date of Thesis defence: \_\_\_\_\_

Corrections completed after Thesis defence (if required)

Corrections require approval of Thesis Examination Committee (Thesis Examination Committee signs below when corrections completed)

## Thesis Examination or Project committee members

(Co) Supervisor name: \_\_\_\_\_

(Co) Supervisor name: \_\_\_\_\_

Committee Member name: \_\_\_\_\_

Committee Member name: \_\_\_\_\_

Committee Member name: \_\_\_\_\_

External Examiner name: \_\_\_\_\_

Chair Name: \_\_\_\_\_

## Supervisor(s) and/or Thesis Examination Committee members' endorsement

Declaration by supervisor(s) and/or Thesis Examination Committee: *I declare that the candidate has satisfactorily completed all requirements of the degree, and I recommend that the degree be approved by the School of Graduate Studies.*

(Co) Supervisor name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Co) Supervisor name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor submits completed form to the Office of Graduate Studies and Research in Education upon satisfactory completion of all degree requirements.

## Office use only (final approval)

SGS Dean name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_