

Recommendation of the Award of the Degree MA/MFA/MMus/MN/MSc/PhD

University of Lethbridge ID Number

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 Today's Date

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Some programs require that either the supervisor's and/or the Thesis Examination Committee approve revisions (either major or minor) to the thesis/project following the defence. If the approval of the Thesis Examination Committee is required, the entire committee signs this form.

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

Student information

Surname: _____ Given name(s): _____	
Degree: _____ Major: _____	
Concentration (if applicable): _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Thesis title: _____	
Date of defence: _____	
<input type="checkbox"/> Corrections completed after defence (if required) <input type="checkbox"/> Corrections require approval of Thesis Examination Committee	

Thesis Examination committee members

(Co) supervisor name: _____
(Co) supervisor name: _____
Name: _____
Name: _____
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 School of Graduate Studies Office upon satisfactory completion of all degree requirements

Office use only (final approval)

SGS Dean name: _____	Signature: _____	Date: _____
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