



Lakehead
UNIVERSITY

Faculty of
**Graduate
Studies**

Recommendation of Thesis/Dissertation

Student Name: _____

Student Number: _____

Degree Sought: _____

Academic Unit: _____

Title of Thesis or Dissertation:

The above named student has successfully completed all of the thesis/dissertation requirements for the degree sought. We recommend approval of this degree to the Faculty of Graduate Studies Council.

Supervisor

Date

Graduate Coordinator/ Chair

Date