

## Recommendation of Thesis/Dissertation

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Academic Unit: \_\_\_\_\_

Title of Thesis or Dissertation: \_\_\_\_\_

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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