



Recommendation of the Award of the Degree Faculty of Education

University of Lethbridge ID Number

Today's Date (DDMMYYYY)

This form must be completed by the supervisor and submitted to the Associate 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. This form will be used for Master of Education, Master of Counselling, and Doctor of Philosophy (Education) students.

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

Student information

Surname: _____		Given Name(s): _____	
M. Counselling	M. Education	Ph.D. (Education)	Major/Concentration/Cohort:
Culminating Activity Completed:			
Project/Thesis Title:			
<i>Complete the following for Thesis only:</i>		Date of Thesis defence:	
Corrections completed after Thesis defence (if required)	Corrections require approval of Thesis Examination Committee (Committee signs below when corrections completed)		

Project committee members or Thesis Examination committee members

(Co) Supervisor	External Examiner
(Co) Supervisor	Internal External Examiner (PhD only)
Committee Member	
Committee Member	Chair
Committee Member	
Committee Member	

Project/Thesis 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 (edu.masters@uleth.ca) upon satisfactory completion of all degree requirements.

Office use only (final approval)

SGS Dean name: _____	Signature: _____	Date: _____
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