

Recommendation for the Award of Degree

Freedom of Information and Protection of Privacy

The information on this form is collected under the authority of the *University Act* (RSBC 1979, c.419). This information is needed and will be used to update your student record. If you have questions about the collection and use of this information, contact the Director of Records and Registration, Office of the Registrar, 778-782-3224.

After approval by the Graduate Studies Committee and the Faculty Graduate Studies Committee, forward this form and attached signed thesis approval page to the Director, Graduate Records, in the Office of the Dean of Graduate Studies.

DEAN OF GRADUATE STUDIES OFFICE ONLY

Date received

For clarification of degree requirements, see SFU Graduate General Regulations 1.10.

The student named below has completed all degree requirements as noted.

STUDENT INFORMATION

M	First name	Surname
Student number		Email

DEPARTMENTAL INFORMATION

Department	Special arrangements: <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree (eg. MA, MSc, PhD)	
Degree requirement: <input type="checkbox"/> Thesis <input type="checkbox"/> Project <input type="checkbox"/> Extended essay <input type="checkbox"/> Student has completed the course work / examination option	
Area of research or sub-program (optional)	
Title of thesis / project / essay <input type="checkbox"/> Copy of the signed thesis approval page is attached to this form	

SUPERVISORY COMMITTEE SIGNATURES

	Name	Signature	Date
Senior Supervisor			
Supervisor			
Supervisor			
Supervisor			
Supervisor			

DEPARTMENTAL APPROVALS

	Name	Signature	Date
Departmental graduate chair			
Faculty graduate studies chair			
Senate graduate studies committee			