



UNIVERSITY OF SASKATCHEWAN

College of Graduate and Postdoctoral Studies

Room 116 Thorvaldson Building, 110 Science Place, Saskatoon SK CANADA S7N 5C9
Telephone (306)966-5751, Fax: (306)966-5756, General E-mail: grad.studies@usask.ca

GPS 300.2
Recommendation for Award of a Master's Degree

Table with 3 columns: FAMILY/ SURNAME / LAST NAME, GIVEN NAME(S), STUDENT NUMBER

I hereby certify that the above student, who is a candidate for the degree of:

in the Department/College of:

has met all the requirements for its award.

Date of first registration in courses accepted for credit toward this master's degree:

- 1. Total number of credit units:
2. List Transfer credit courses taken at other universities and recommended for credit. Official transcripts and U of S course equivalency are included:
3. Other requirements (e.g., prerequisites, practical, clinical work, conditions) fulfilled for credit (give year/ mark if applicable):
4. Grade Point Average: .

Advisory Committee (include academic unit):

Table with 3 columns: CHAIR, NAME, ACADEMIC UNIT. Rows include RESEARCH SUPERVISOR(S), OTHER MEMBER(S), and EXTERNAL EXAMINER.

5. Thesis Title (if appropriate) - as it appears on the title page and front cover of thesis:

On behalf of the Department/College, I recommend that the candidate's name go forward to the Faculty of the College of Graduate and Postdoctoral Studies for award of this degree. I certify that all core courses and examinations required by the department/college have been completed.

(Authorizing Unit Head - PLEASE PRINT)

(Authorizing Unit Head - SIGNATURE)

DATE SUBMITTED: