



FAMILY/ SURNAME / LAST NAME	GIVEN NAME(S)	STUDENT NUMBER
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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:

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

Advisory Committee (include academic unit):

	NAME	ACADEMIC UNIT
CHAIR		
RESEARCH SUPERVISOR(S)		
RESEARCH SUPERVISOR(S)		
OTHER MEMBER(S)		
OTHER MEMBER(S)		
OTHER MEMBER(S)		
EXTERNAL EXAMINER		

- 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: _____