**FACULTY OF ARTS - MASTERS PROGRAM COMPLETION**

**DEPT**   **DEGREE**   **CO-OP**

**SURNAME**  **GIVEN NAME**   **ID #**

**This form must be completed for Master’s students only who write a thesis,**

**or an MRP, and for all Fine Arts students (exhibition).**

**MASTER’S RESEARCH PAPER/PROJECT: Grade:**  % **Cr Wt:** 0.5 or **1.0**

 Title:

 [preferably type title, or print legibly – not in capital block letters]

**THESIS: ACC / Not ACC \_\_\_\_\_\_\_\_\_\_\_**

 Title:

[preferably type title, or print legibly – not in capital block letters]

**ALL REVISIONS AND CORRECTIONS TO THESIS / MRP HAVE BEEN COMPLETED AND FOUND ACCEPTABLE.**

 **COMPLETION DATE**

**SUPERVISOR**

[print name] [signature]

**READER**

[print name] [signature]

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**Departmental Graduate Officer** **Associate Dean, Graduate Studies**