



NON-THESIS MASTER'S PROGRAM COMPLETION

This form may be used in lieu of a program completion memo to the Faculty of Graduate and Postdoctoral Studies

STUDENT INFORMATION:		Student Number:
Given Name:	Family Name:	
Address: PLEASE ENSURE ADDRESS IN THE SSC IS CURRENT.		
Email:	Degree (e.g. PhD):	Program:

The undersigned verifies that the above student has completed all degree requirements.

Name of Graduate Advisor / designate Signature of Graduate Advisor / designate Date (yyyy/mm/dd)

NOTE: The student's program cannot be closed until all grades have been entered.

Student completed program requirements on this date (yyy/mm/dd): _____

Comments:

Graduate Studies use only:

Date Program Closed (yyyy/mm/dd) Signature of G+PS Clerk