



## 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

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

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