



FACULTY OF ARTS - MASTERS PROGRAM COMPLETION

DEPARTMENT: ENGL **DEGREE:** MA
SURNAME: **GIVEN NAME:**
ID #: **EMAIL:**

This form must be completed for all Master’s students who write a thesis, or an MRP, and for all Fine Arts students (exhibition).

THESIS: Choose an item.

Title:

Thesis circulation restriction (embargo) N/A

None 4 months 1 year 2 years

MASTER’S RESEARCH PAPER:

Grade: Click here to enter text. **Credit Weight:** Choose an item.

Title: Click here to enter text.

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

COMPLETION DATE:

SUPERVISOR:

[Signature]

READER:

[Signature]

READER:

[Signature]

Departmental Graduate Officer

Associate Dean, Arts Graduate Studies

