**FACULTY OF ARTS - MASTERS PROGRAM COMPLETION**

**DEPARTMENT:** Click here to enter text. **DEGREE:** Click here to enter text.

**SURNAME:** Click here to enter text. **GIVEN NAME:** Click here to enter text.

**ID #:** Click here to enter text. **EMAIL:** Click here to enter text.

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

**MASTER’S RESEARCH PAPER:**

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

Title: Click here to enter text.

**THESIS:** Choose an item.

Title: Click here to enter text.

Thesis circulation restriction (embargo)

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ None | ☐ 4 months | ☐ 1 year | ☐ 2 years |

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

**COMPLETION DATE:** Click here to enter a date.

**SUPERVISOR:** Click here to enter text.

[Name] [Signature]

**READER:** Click here to enter text.

[Name] [Signature]

**READER:** Click here to enter text.

[Name] [Signature]

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