UNIVERSITY OF WATERLOO

FACULTY OF ARTS - MASTERS THESIS OR MRP PROGRAM COMPLETION

DEPARTMENT: **DEGREE:**

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 it

Title:

Thesis circulation restriction (embargo)

☐ None ☐ 4 months ☐ 1 year ☐ 2 years

MASTER'S RESEARCH PAPER:

Grade: **Credit Weight:** Choose an it

Title:

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

COMPLETION DATE:

SUPERVISOR:

[Name] [Signature]

READER:

[Name] [Signature]

READER:

[Name] [Signature]

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