



### e-Thesis Processing Assessment Form

Student Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Degree: \_\_\_\_\_

Convocation Date: \_\_\_\_\_

Office use only

Send to:

Library

Passing Grade Posted for Thesis Course

Approved in Digital Repository

Student E-mailed

Cc: \_\_\_\_\_

\_\_\_\_\_  
Date

**REQUEST TO RESTRICT CIRCULATION**

Release Date: \_\_\_\_\_

Removed from Digital Repository, being held  
in protection until the release date