Faculty of Graduate Studies

e-Thesis Processing Assessment Form

_____

Student Number: _____

Student Name: _____

Supervisor's Name: _____

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

Updated: September 2021