



School of Graduate Studies

# Recommendation for the Award of a Graduate Diploma/Degree

Adobe Reader, minimum version 8, is required to complete this form. Download the latest version at <http://get.adobe.com/reader>. (1) Save the form by clicking on the diskette icon on the upper left side of the screen; (2) Ensure that you are saving the file in PDF format; (3) Specify where you would like to save the file, e.g. Desktop; (4) Fill in the required data, save and print the file; (5) Send the completed form to

[School of Graduate Studies](#); Memorial University of Newfoundland; IIC-2012 (Bruneau Centre for Research and Innovation); St. John's, NL A1C 5S7 Canada Fax: 709.864.4702 eMail: [sgs@mun.ca](mailto:sgs@mun.ca)

| Student Information   |  |  |                         |
|---|--|--|-------------------------|
| <b>MUN #:</b>   | <b>Last Name:</b>  | <b>First Name:</b>   | <b>Middle Name:</b>     |
| Certification   |  |  |                         |
| <p><b>This is to certify that the above student, a candidate for the diploma in/degree of</b><br/> <b>in the area of</b> <span style="float: right;"><b>in the academic unit of</b></span><br/> <b>has, to the best of our knowledge, satisfied all the requirements for this diploma/degree.</b></p>   |  |  |                         |
| Signatures  |  |  |                         |
| <p><b>We request that you recommend to the Senate that this diploma/degree be awarded.</b></p>  |  |  |                         |
| _____   |  | _____  |                         |
| <b>Head of Academic Unit's Signature</b>  |  | <b>Date</b>  |                         |
| _____   |  | _____  |                         |
| <b>Supervisor's Signature</b>   |  | <b>Date</b>  |                         |
| _____   |  | _____  |                         |
| <b>Member of Supervisory Committee's Signature</b>  |  | <b>Date</b>  |                         |
| _____   |  | _____  |                         |
| <input type="checkbox"/> <b>Member of Supervisory Committee's Signature</b>   |  | <b>Date</b>  |                         |
| _____   |  | _____  |                         |
| Note  |  |  |                         |
| <p>The effective date of program completion will be the date of the Head of the Academic Unit's signature. <i>For students receiving funding, this will also be the effective date that the funding will cease.</i> Please ensure that a Graduate Student Funding Payroll Form<sup>1</sup> to stop funding has been sent to our <a href="#">Fellowships Office</a>.</p> |  |  |                         |
| Graduate Studies Use Only   |  |  |                         |
| Attribute/Fees<br>Funding   | <b>Program Check:</b><br><input type="checkbox"/> GRIP (September 2002)<br><input type="checkbox"/> Language Requirement<br><input type="checkbox"/> Level 01/02 Adjusted<br><input type="checkbox"/> Advanced Standing<br><input type="checkbox"/> PHIA (Medicine, Pharmacy, Nursing, HKR and PsyD) | <input type="checkbox"/> Comprehensive<br><input type="checkbox"/> Seminar<br><input type="checkbox"/> Transfer Credit<br><input type="checkbox"/> ESL | <b>Courses:</b><br><br> |

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Updated October 2011

<sup>1</sup> Available from the Fellowships Office only.