



Recommendation for the Award of a Graduate Diploma/Degree

Adobe Reader, minimum version 8, is required to complete this form.

Download the latest version: <http://get.adobe.com/reader>.

SCHOOL OF GRADUATE STUDIES

1. Fill out the form completely and accurately, and save the form in PDF format.
2. Review <https://www.mun.ca/sgs/how-to-create-and-insert-a-digital-signature/> for instructions on how to digitally sign.
3. Please name the file as follows: Surname, Given Names, Student No. (e.g. Doe, Jane 009876543 - RAD.pdf)
4. Submit the completed form to sgs@mun.ca with the appropriate signatures for processing.

Student Information			
MUN #:	Last Name:	First Name:	Middle Name:
Certification			
This is to certify that the above student, a candidate for the diploma in/degree of in the area of _____ in the academic unit of _____ has, to the best of our knowledge, satisfied all the requirements for this diploma/degree.			
Signatures			
We request that you recommend to the Senate that this diploma/degree be awarded.			
_____		_____	
Head of Academic Unit's Signature		Date	
_____		_____	
Supervisor's Signature		Date	
_____		_____	
Member of Supervisory Committee's Signature		Date	
_____		_____	
<input type="checkbox"/> Member of Supervisory Committee's Signature		Date	
_____		_____	
Note			
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 ¹ to stop funding has been sent to our Fellowships Office .			
Graduate Studies Use Only			
Attribute/Fees Funding	Program Check: GRIP (September 2002) Language Requirement Level 01/02 Adjusted Advanced Standing PHIA (Medicine, Pharmacy, Nursing, HKR and PsyD)		Courses:

Revised: March 12, 2026.

¹ Available from the Fellowships Office only.