



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			
MUN #:	Last Name:	First Name:	Middle Name:
Certification			
<p>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.</p>			
Signatures			
<p>We request that you recommend to the Senate that this diploma/degree be awarded.</p>			
_____		_____	
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			
<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 Funding	<b>Program Check:</b> <input type="checkbox"/> GRIP (September 2002) <input type="checkbox"/> Language Requirement <input type="checkbox"/> Level 01/02 Adjusted <input type="checkbox"/> Advanced Standing <input type="checkbox"/> PHIA (Medicine, Pharmacy, Nursing, HKR and PsyD)	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Seminar <input type="checkbox"/> Transfer Credit <input type="checkbox"/> ESL	<b>Courses:</b>

Memorial University protects privacy and maintains the confidentiality of personal information. The information requested in this form is collected under the general authority of the Memorial University Act ([RSNL1990CHAPTER-7](#)). It is required for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information, please contact the Manager – Enrolment and Strategic Initiatives, School of Graduate Studies, at 709.864.2445 or at [sgs@mun.ca](mailto:sgs@mun.ca).

Updated October 2011

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