



SCHOOL OF GRADUATE STUDIES

NON-COURSE RESULTS TO BE RECORDED  
ON GRADUATE STUDENT TRANSCRIPT

<b>SURNAME (FAMILY NAME OR LAST NAME)</b>	<b>GIVEN (FIRST/MIDDLE) NAMES</b>	<b>STUDENT NUMBER</b>

<b>DEPARTMENT</b>	<b>DEGREE (E.G. M.A., M.S.W.)</b>

<b>WORKSHOPS – REQUIRED FOR TRANSCRIPT – ACCEPTABLE GRADES – P OR F</b>		
	<b>DESCRIPTION (MUST ADHERE TO CALENDAR DESCRIPTION)</b>	<b>GRADE</b>
<b>WORKSHOP 1</b>	_____	_____
<b>WORKSHOP 2</b>	_____	_____
_____		_____
<b>DATE</b>	<b>SIGNATURE OF SUPERVISOR (IF ONE ASSIGNED)</b>	

<b>LANGUAGE REQUIREMENT (NOT TOEFL) – ACCEPTABLE GRADES – P OR F</b>		
	<b>DESCRIPTION</b>	<b>GRADE</b>
<b>LANGUAGE(S)</b>	_____	_____
_____		_____
<b>DATE</b>	<b>SIGNATURE OF SUPERVISOR (IF ONE ASSIGNED)</b>	

<b>ECONOMICS CO-OP OPTION (REPORT WHEN COMPLETED)</b>	
REPORT HAS BEEN COMPLETED AND JUDGED SATISFACTORY BY SUPERVISORY COMMITTEE	
_____	
<b>DATE</b>	<b>SIGNATURE OF SUPERVISOR (IF ONE ASSIGNED)</b>

<b>DEPARTMENTAL APPROVAL</b>	
_____	
<b>DATE</b>	<b>SIGNATURE OF CHAIR OR GRADUATE ADVISOR</b>