



SCHOOL OF GRADUATE STUDIES

**CLEAR TO GRADUATE
NON-THESIS MASTER'S
(REQUIREMENTS COMPLETE)**

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

DEPARTMENT	DEGREE (E.G. M.ENG., M.A.)

CLEAR TO GRADUATE(COURSE ONLY & NON-BOUND PROJECT OPTIONS)	
ALL COURSES COMPLETED EFFECTIVE:	_____
	Date
PROJECT COMPLETED EFFECTIVE: (DOES NOT REQUIRE BINDING)	_____
	Date
_____	_____
DATE SIGNED	SIGNATURE OF SUPERVISOR (IF ONE ASSIGNED)

DEPARTMENTAL APPROVAL – STUDENT IS CLEAR TO GRADUATE	
_____	_____
DATE SIGNED	SIGNATURE OF CHAIR OR GRADUATE ADVISOR