



The undersigned certify that they have read the Master's Thesis/Practicum entitled:

submitted by:

Student Name: _____

Student Number: _____

Major Department/Unit: _____

in partial fulfillment of the requirements for the degree of

Master of _____

The Thesis/Practicum Examining
Committee certifies that the thesis/
practicum (and oral examination if
required) is:

Approved
Not Approved

Thesis
Practicum

By signing below the examining committee indicates whether the candidate has passed or failed the final
Master's Thesis/Practicum examination.

Name

Department/Unit

Signature

Pass or Fail

(Advisor)

Pass or Fail

(Co-Advisor if applicable)

Pass or Fail

(Examiner)

Pass or Fail

(Examiner)

Pass or Fail

(Examiner)

Pass or Fail

(Knowledge Expert)

Department/Unit Head Signature _____

Date student completed requirements _____

(MM/DD/YYYY)

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