

**APPROVAL OF REVISED THESIS FOR RE-EXAMINATION:  
THESIS SUPERVISOR**

<b>Student Name</b>		
<b>Thesis Title</b>		
<b>Student Program</b>	Master of Psychotherapy and Spirituality <input type="checkbox"/> MPS <input type="checkbox"/> MPS (Art Therapy)	Master of Theological Studies <input type="checkbox"/> MTS <input type="checkbox"/> MTS (Hon) <input type="checkbox"/> MTS (Diaconal)
<b>Thesis Supervisor Name</b>		

This will certify that the student has completed the major revisions suggested by the Examiner(s) to my satisfaction, and that it is ready to be sent to the Internal Examiner.

<b>SIGNATURE</b>	
Signature, Thesis Supervisor	Date

**SUBMIT TO DEPARTMENT CHAIR**

ACADEMIC OFFICE USE Dept Chair initial _____ Date Received _____
--