

FINAL APPROVAL OF COMPLETED THESIS WITH REVISIONS: THESIS SUPERVISOR

Student Name		
Thesis Title		
Student Program	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)
Thesis Supervisor Name		

This will certify that the above student has completed all required revisions required by the Examiners in accordance with the Academic Standards of St Stephens College. The final thesis, incorporating any revisions required by Examiners, must be submitted to the Department **by September 1** for final approval. The student will supply one unbound paper copy of the thesis, and the document on disc or USB drive (in Microsoft Word, and PDF), to St Stephens College Registrar's Office by **October 1**.

SIGNATURE	
Signature, Thesis Supervisor	Date

SUBMIT TO DEPARTMENT CHAIR

ACADEMIC OFFICE USE	
Dept Chair initial	_____
Date Received	_____
Thesis Completion 'S' entered in student record	_____