

ST. STEPHEN'S COLLEGE
Approval of Revised Thesis for Re-Examination: Thesis Supervisor

Student Name	
Student Degree	
Thesis Title	
Thesis Supervisor	

This certifies 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.

SIGNATURE	
Signature, Thesis Supervisor	Date

SUBMIT TO DEPARTMENT CHAIR or RESEARCH DIRECTOR

ACADEMIC OFFICE USE	
Date received	
Chair/Dir initial	