

ST. STEPHEN'S COLLEGE
Master of Theological Studies
 FINAL APPROVAL OF COMPLETED THESIS WITH REVISIONS:
 THESIS SUPERVISOR

Student Name	
Thesis Title	
Student Program	Master of Theological Studies <input type="checkbox"/> MTS <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 a final copy on a 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	_____