

Supervisor Revision Memo



Senior Supervisor's Name: _____

Department, School, or Program: _____

Faculty: _____

Re: Name of Student: _____

Degree: Thesis Dissertation Project Extended Essays

This is to certify that:

- The revisions required of the above named degree candidate by their examining committee have been satisfied.
- No revisions were required by the examining committee.

The thesis/dissertation/project/essays of the above named student is therefore ready for submission to the Simon Fraser University Library for purposes of graduation.

Senior Supervisor's Signature

Date Senior Supervisor Signed

Distribution:
Department's Graduate Assistant
Student