

THE ONTARIO INSTITUTE FOR STUDIES IN EDUCATION
UNIVERSITY OF TORONTO

RECOMMENDATION FOR MASTER'S DEGREE

Master of Arts and Master of Education (Option III) students

This is to certify that _____ Student Number: _____
has satisfactorily completed the coursework, the thesis and all other requirements for the degree of _____ Master of
Arts / _____ Master of Education (Option III) with specialization in _____
and is favourably recommended for this degree.

Chairperson of the OISE Department:

(Signature) (Date)

Thesis Supervisor:

(Signature) (Date)

Members of the Thesis Committee:

(Signature) (Date)

(Signature) (Date)

Thesis Title: _____

Comments on the thesis: A brief summary from the thesis committee should be provided below and overleaf if necessary. Evaluative comments from the individual members of the Thesis Committee should be attached if applicable.

This completed form must be received in the OISE Graduate Studies Unit, Registrar's Office by the applicable date for submitting all documentation for conferral of the master's degree as outlined in the front of the current OISE Bulletin and on the Registrar's Office website at www.ro.oise.utoronto.ca.