



UNIVERSITY OF TORONTO
OISE | ONTARIO INSTITUTE
FOR STUDIES IN EDUCATION

TO: Registrar's Office, OISE
Graduate Studies Unit
4th Floor

FROM: _____
OISE Department Chair

RE: **M.ED. COMPREHENSIVE REQUIREMENT**
OR
 M.ED. RESEARCH PROJECT/PAPER REQUIREMENT

Student: _____
Name (Please Print) Student Number

MRP: _____
Research Project/Paper Title (Please Print)

The M.Ed. degree requirement indicated above has been completed satisfactorily and approved by the supervisor.

Supervisor: _____
Signature

Name (Please Print)

Chair of OISE
Department: _____
Signature

Date

Please submit to the OISE Registrar's Office, Graduate Studies Unit. A copy to be retained by the Department. This form must be received in the OISE Registrar's Office by **September 14 for November graduation, by January 17 for March graduation, and by April 19 for June graduation.** (Note: This form must be submitted by January 17 for students completing degree requirements in the Fall Session who select the June convocation option; otherwise, they will be assessed full year fees.)