

MEMORANDUM

TO: Dr. Eucline C. Alleyne  
Registrar  
Registrar's Office, Graduate Studies Unit

FROM: OISE/UT Department Chair

RE:  Comprehensive Requirement for Ed.D. Program  
 Comprehensive Requirement for Ph.D. Program

Student: \_\_\_\_\_  
Name (Please Print)

Student Number: \_\_\_\_\_

Please indicate whether the doctoral degree requirement indicated above has been completed satisfactorily and approved by the supervisor.  Yes  No

Supervisor: \_\_\_\_\_  
Signature

\_\_\_\_\_

Chair: \_\_\_\_\_  
Signature

\_\_\_\_\_

Date

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