

MEMORANDUM

TO: Office of the Registrar and Student Services, OISE

FROM: _____
OISE Department Chair

RE: Comprehensive Requirement for Ed.D. Program

Comprehensive Requirement for Ph.D. Program

Student: _____
Name (Please Print)

Student Number: _____

Date of Completion: _____ CR to be loaded in: _____
(Fall/Winter/Summer) (Year)

As the supervisor, I confirm the doctoral degree requirement indicated above has been completed satisfactorily.

Supervisor: _____
Signature

Name (Please Print)

Chair of OISE
Department: _____
Signature

Date