TO:       Office of the Registrar
and Student Services
(ORSS) OISE,

8th Floor, Rm 8-225


FROM: _____

OISE Department Chair

Please Select One   2 Q O \

RE:        [  ]   MEd COMPREHENSIVE REQUIREMENT

            0 $   & K L O G   6 W X G \   L Q   ( G X F D W L R Q   5 , 7   ) L H O G

        [  ]   MEd RESEARCH PROJECT/PAPER REQUIREMENT


Student:   _____

          Name                         Student Number


          Research Project/Paper Title

MRP:




The MEd  0 $   & 6 ( 5 , 7 degree requirement indicated above has been completed satisfactorily
and approved by the supervisor in the _____ session of

                         Fall/Winter/Summer          Year

Supervisor:   _____

          Signature Office of the Registrar and Student Services     by the appropriate deadline:


September 14 –November graduation      January 17 – for March graduation      April 13 – 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