

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\$ & KLOG 6WXG\ LQ (GXFDWLRQ 5,7) LHOG
[] MEd RESEARCH PROJECT/PAPER REQUIREMENT

Student: _____
Name Student Number
Research Project/Paper Title

MRP:

The MEd 0\$ & 6 (5, 6) degree requirement indicated above has been completed satisfactorily
and approved by the supervisor in the _____ session of _____
Fall/Winter/Summer Year

Supervisor: _____
Signature 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