



SCHOOL OF GRADUATE STUDIES

FORM A-5

Dissertation Correction Form

Student's name: _____

Student Number: _____

Faculty/School: _____

Supervisor's Name: _____

I confirm that the above named student has made the necessary corrections to his/her Dissertation as required by the Dissertation Defense Panel. I have approved these corrections as the student's supervisor.

The corrected Dissertation must be submitted to the School of Graduate Studies. For major revisions, this form should be at least seven days before the schedule defense date.

SIGNED

Supervisor

Date