

Report of Completion of Course-Based Master's Degree

Faculty of Graduate & Postdoctoral Studies 2-29 TRIFFO HALL

Phone: 780.492.3499 Fax: 780.492.0692 https://www.ualberta.ca/graduate-studies/

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Student ID	Student Last Name, First Name						
Department		Degree Program	Specialization (if any)				
Complete and forward the following information to the Faculty of Graduate & Postdoctoral Studies by the appropriate convocation deadline. Once approved, the student's name will be added to the convocation list.							
Ensure that the student has applied for convocation through <u>Bear Tracks</u> .							
For more information refer to the <u>University Calendar</u> .							
Capping exercise/ project course number and grade received:							
Date of completion of program:							
I certify that:							
Supervisor/ Committee Ch	air Sig	nature		Date (MMM DD, YYYY)			
Graduate Coordinator/ De	pt Chair Sig	inature		Date (MMM DD, YYYY)			

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Faculty of Graduate & Postdoct	Signature & Date			
O Future Reg	O CGPA	O Program Completed	O Awards	
O Extension	O Res	O Applied for Convocation		
O SCN	O Ethics	O Expected		