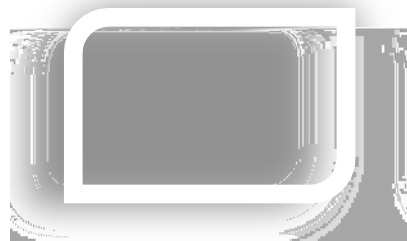


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MASTER'S PROGRAM COMPLETION FORM- OCCUPATIONAL THERAPY

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information will be used to process the completion for master's pattern II & III degree programs.

STUDENT NAME:		STUDENT #:	
E-MAIL:		DEPARTMENT:	
FORWARDING ADDRESS: (Address for completion letter)			

This is to confirm the above named student has completed the requirements for the M.Sc. Occupational Therapy degree and should be recommended for awarding the degree.

Program Requirements: This stream requires as a minimum the completion of 1 credit X Q L W V including a critical enquiry project.

Required Courses: 27 27 27 27 27 27 27 27 27 27 27 27 27
27 27 27 27 27 27 27 27 27 27 27 27 27

If applicable, approved course substitutions for the student (not outlined under the degree requirements in current calendar), must be outlined below:

Required Course (i.e. OT-821*)	Substituted Course	Grade
1.		
2.		
3.		
4.		

The student has been examined with respect to: Master's Project (Pattern II)

COMMITTEE : - Master's Project (898)			
Examiners (Note Supervisor):	Department	Signature	PASS/FAIL
Department Head or delegate:			Date:

FOR SGS OFFICE USE ONLY:			
Transcript checked by:		Completion Date:	
School of Graduate Studies Approval:		Convocation Session:	