

TO: Office of the Registrar  
and Student Services  
(ORSS) OISE,  
8<sup>th</sup> 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