

**ST. STEPHEN'S COLLEGE**  
**Approval of Revised Thesis for Re-Examination: Thesis Supervisor**

<b>Student Name</b>	
<b>Student Degree</b>	
<b>Thesis Title</b>	
<b>Thesis Supervisor</b>	

This certifies that the student has completed the major revisions suggested by the Examiner(s) to my satisfaction, and that it is ready to be sent to the Internal Examiner.

<b>SIGNATURE</b>	
Signature, Thesis Supervisor	Date

**SUBMIT TO DEPARTMENT CHAIR**

ACADEMIC OFFICE USE	
Date received	
Dept Chair initial	