

ST. STEPHEN'S COLLEGE
Master of Theological Studies
 APPROVAL OF REVISED THESIS FOR RE-EXAMINATION:
 THESIS SUPERVISOR

Student Name	
Thesis Title	
Student Program	Master of Theological Studies <input type="checkbox"/> MTS <input type="checkbox"/> MTS (Diaconal)
Thesis Supervisor Name	

This will certify 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.

SIGNATURE	
Signature, Thesis Supervisor	Date

SUBMIT TO DEPARTMENT CHAIR

ACADEMIC OFFICE USE
Dept Chair initial _____
Date Received _____