



Master's Thesis Approval and Program Completion Form

Student Name:	Student #:	Date:
Faculty:	Department:	
Degree:	Specialization (if applicable):	
Date of Examination:	Time of Examination:	

As research supervisor for the above student, I certify that I have read the following defended Thesis, have approved changes required by the final examiners, and recommend it to the College of Graduate Studies for acceptance:

Thesis Title:

_____ <i>Name of Supervisor</i>	_____ <i>Signature of Supervisor</i>	_____ <i>Date</i>
_____ <i>Name of Co-Supervisor (if applicable)</i>	_____ <i>Signature of Co-Supervisor (if applicable)</i>	_____ <i>Date</i>

The undersigned certify that they recommend this Thesis to the College of Graduate Studies for acceptance:

Examining Committee	University	Faculty/Department	Signature	Date
_____ <i>University Examiner</i>				
_____ <i>Examining Committee</i>				
_____ <i>Examining Committee</i>				
_____ <i>Examining Committee</i>				

Graduate Program Coordinator (or Designate) Signature

Date: _____

For CoGS use only

Date: _____	Dean, College of Graduate Studies (or Designate) signature _____
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