



Thesis Approval Form

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled *Type the title of the thesis submitted by type the Name of Student*) in partial fulfilment of the requirements for the degree of *type the Name of degree in full*).

_____ Name of Supervisor	_____ Signature	_____ Date (yyyy/mm/dd)
_____ Name of External Examiner (if applicable)	_____ Signature	_____ Date (yyyy/mm/dd)
_____ Choose an item.	_____ Signature	_____ Date (yyyy/mm/dd)
_____ Choose an item.	_____ Signature	_____ Date (yyyy/mm/dd)
_____ Choose an item.	_____ Signature	_____ Date (yyyy/mm/dd)
_____ Choose an item.	_____ Signature	_____ Date (yyyy/mm/dd)
_____ Choose an item.	_____ Signature	_____ Date (yyyy/mm/dd)
_____ Choose an item.	_____ Signature	_____ Date (yyyy/mm/dd)

For convenience, each party required to sign this form may sign a separate copy, and return it to the student electronically in portable document format ("PDF"), and the signed copies together will constitute a single fully signed document.