



### Master's Thesis Approval and Program Completion Form

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

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**

<b>Date:</b> _____	<b>Dean, College of Graduate Studies (or Designate) signature</b>
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