

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).

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