

Thesis Submission Approval Form

Date: _____ Student Name: _____

Thesis Title: _____

The Supervisory Committee and candidate have reviewed the attached thesis and approve of its distribution to the External Examiner and the Chair of the Defence.

Supervisor Name/Signature: _____
(please print)

Second Committee Member Name/Signature:

(please print)

Third Committee Member Name/Signature:

(please print)

Student Name/Signature: _____
(please print)

Each student and Supervisor should retain a copy of this form. The original should be forwarded with an electronic copy of the Thesis to the Goodman School of Business Graduate Programs Office.

OFFICE USE ONLY:

Associate Dean Signature

Date