



**FACULTY OF GRADUATE STUDIES
CERTIFICATE OF APPROVAL
(DOCTORAL DEGREES)**

The undersigned hereby certify that the thesis entitled:

Presented by:

(name of candidate)

In partial fulfillment for the degree of _____ is satisfactory.

1.

Chair, Examining Committee

2.

External Examiner

3.

Candidate's Supervisor

4.

Internal Examiner

5.

Candidate's Committee Member

6.

Candidate's Committee Member

7.

Candidate's Committee Member

Date of Thesis Defence:
