



FACULTY OF GRADUATE STUDIES
500 Glenridge Avenue
St. Catharines, ON L2S 3A1
Tel: 905-688-5550
Fax: 905-688-0748
Website: <http://www.brocku.ca/graduate-studies>

FACULTY OF GRADUATE STUDIES CERTIFICATE OF APPROVAL (MASTER'S DEGREES)

The undersigned hereby certify that the thesis entitled:

Presented by:

(name of candidate)

In partial fulfillment for the degree of _____ is satisfactory.

1. Name:

Chair, Examining Committee

2. Name:

External Examiner

3. Name:

Candidate's Supervisor

4. Name:

Candidate's Committee Member

5. Name:

Candidate's Committee Member

6. Name:

Department Representative (if applicable)

Date of Thesis Defence:
