



FACULTY OF GRADUATE STUDIES
1812 Sir Isaac Brock Way
St. Catharines, ON L2S 3A1
Tel: 905-688-5550
Fax: 905-688-0748
brocku.ca/graduate-studies

Form to be Used During COVID-19 Situation
FACULTY OF GRADUATE STUDIES
CERTIFICATE OF APPROVAL (DOCTORAL DEGREES)

I have confirmed verbally with each member of the Examination Committee that the thesis entitled:

Presented on this date:

Presented by:

In partial fulfillment for the degree of _____ is satisfactory.

Chair, Examination Committee (print name)

Chair, Examination Committee (signature)
on behalf of each member

External Examiner (print name only)

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Candidate’s Supervisor (print name only)

Candidate’s Committee Member (print name only)

Candidate’s Committee Member (print name only)

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