



FACULTY OF GRADUATE STUDIES
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FACULTY OF GRADUATE STUDIES SUPERVISORY COMMITTEE APPROVAL OF THESIS FOR ORAL DEFENCE

(Signature of all Supervisory Committee Members required)

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Date Submitted: _____

Name of Student: _____

Graduate Program: _____

Graduate Program Director: _____ Supervisor: _____

Thesis Title: _____

We the Supervisory Committee approve the PhD thesis for oral defence.

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Date of Defence: _____

List of Examination Committee Membership: *including at minimum, the Supervisory Committee, the Internal External Examiner (Brock faculty member from outside the graduate program) and the External Examiner*

Chair of Defence: _____

Signature of Dean of Graduate Studies: _____ Date: _____