



Brock University  
1812 Sir Isaac Brock Way  
St. Catharines, ON L2S 3A1  
Tel: 905-688-5550  
[egenkin@brocku.ca](mailto:egenkin@brocku.ca)

**FACULTY OF MATHEMATICS & SCIENCE**  
**SUPERVISORY COMMITTEE APPROVAL OF THESIS FOR EXTERNAL REVIEW**

*(Signature of all Supervisory Committee Members is required)*

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Graduate Studies, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550.

Date Submitted: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Student Number: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

**Supervisory Committee Members approve the MSc thesis for external review and oral defence:**

Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisory Committee Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisory Committee Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisory Committee Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Requested Date of Defence: \_\_\_\_\_

Graduate Program Director Comments (optional): \_\_\_\_\_

NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_