



Approval of Master's Thesis for Oral Defense

Date:

From: The Supervisory Committee of _____

This will verify that the above-named student's Master's thesis has been reviewed by the Supervisory Committee, and it has been agreed the thesis is ready for the final oral examination.

Supervisor:

Signature:

Committee Members:

Names

Signatures

We recommend that the following persons sit on the Examining Committee

Supervisor:

Committee Member:

Departmental Examiner:

Thesis Title:

Exam Date and Time (minimum 2 weeks after submission of this form and thesis)