



Supervisory Committee Approval for MSc/Ph.D. Thesis Defense

Student Name:

Student Number:

Thesis Title:

I have read the above-named thesis and approve it for submission to the Thesis Examination Committee.

Thesis Supervisory Committee

Signature

Supervisor:

Committee:

Committee:

Committee:

Committee:

Date:

Student's Signature

Please return completed form to graduate program coordinator: gsatmsl@ubc.ca