

## **MASTER'S THESIS APPROVAL**

The student should submit this form directly to the Faculty of Graduate and Postdoctoral Studies together with other forms for final thesis submission.

Given Name Family in partial fulfillment of the requirements for the deg Degree Name in Full (e.g. Master of Arts, Master of Science) Date of Defence (if applicable): Thesis Title:	gree of: in:	uate Program Name	
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Thesis Title:			
As research supervisor for the above student, I certify	that I have read this studen	t's defended the	esis (title above), have
approved changes required by the final examiners, an			
Studies for acceptance. NOTE: We are not permitted			
REQUIRED: I verify and endorse the content of the Pi	eface: (Supe		
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For convenience, each party required to sign this form may sign a separate copy, and return it to the student electronically in portable document format (".pdf"), and the signed copies together will constitute a single fully signed document.

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