



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)

Location of defence (indicate one):

- In person, room _____
- Hybrid, over Zoom and in room _____
- Virtual, over Zoom