

APPROVAL OF DOCTORAL THESIS DEPOSIT

STUDENT IDENTIFICATION		
SURNAME	GIVEN NAME	STUDENT NUMBER
<p>THESIS TITLE</p>		

Signing this form attests that you have read the student's thesis and met with the other committee members. You agree that the student is ready to deposit the thesis and you agree to proceed with a formal evaluation before the defence.

THESIS COMMITTEE MEMBERS	
NAME (BLOCK LETTERS)	SIGNATURE
MEMBERS	
1.	
2.	
3.	
4.	
THESIS SUPERVISOR	

DATE
SIGNATURE DIRECTOR OF GRADUATE STUDIES PROGRAMS