



Ph.D. THESIS APPROVAL FOR DISTRIBUTION

INSTRUCTIONS: This form should be submitted to the Graduate Office, along with a printed copy of the thesis.

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THESIS TITLE: _____

By signing this form, we (the Supervisor(s) and Thesis Reader) confirm that we have read the student's thesis and deem it suitable for submission for the Senate Oral Examination.

A FINAL COPY OF THE THESIS IS ATTACHED.

Supervisor Name: _____

Signature: _____ Date: _____

Co-Supervisor Name: _____

Signature: _____ Date: _____

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FOR GRADUATE OFFICE USE ONLY:

I recommend that this student proceed to make arrangements for the Senate Oral Examination.

Graduate Coordinator Signature: _____ Date: _____