



Student: Provide this form to your supervisor at the oral examination.

NAME: _____ **STUDENT NUMBER:** V00 _____

DEPARTMENT: _____ **DEGREE:** _____
(M.A., M.Sc., M.A.Sc. M.Eng., LL.M., Ph.D., etc.)

PROGRAM/OPTION (if applicable): _____

EXACT TITLE OF DISSERTATION OR THESIS:

EXAMINING COMMITTEE

We, the members of the Examining Committee, certify that we have examined this Thesis/ Dissertation and approve it as satisfying this requirement for the above noted degree from the Faculty of Graduate Studies at the University of Victoria.

Supervisor's Signature date (to be entered by Signatory)

Supervisor's name department

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Co-Supervisor or Departmental Member's name department

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