



**Supervisor:** Ensure all examining committee members sign this form

**NAME:** \_\_\_\_\_ **STUDENT NUMBER:** V0 \_\_\_\_\_

**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

\_\_\_\_\_  
**Co-Supervisor or Departmental Member's signature** date (to be entered by Signatory)

\_\_\_\_\_  
Co-Supervisor or Departmental Member's name department

\_\_\_\_\_  
**Departmental Member's signature** date (to be entered by Signatory)

\_\_\_\_\_  
Departmental Member's name department

\_\_\_\_\_  
**Outside Member's signature** date (to be entered by Signatory)

\_\_\_\_\_  
Outside Member's name department

\_\_\_\_\_  
**Outside Member's signature** date (to be entered by Signatory)

\_\_\_\_\_  
Outside Member's name department

\_\_\_\_\_  
**Departmental or Outside Member's signature** date (to be entered by Signatory)

\_\_\_\_\_  
Departmental or Outside Member's name department

\_\_\_\_\_  
**External Examiner's signature** date (to be entered by Signatory)

\_\_\_\_\_  
External Examiner's name department