

MSc THESIS PROPOSAL DEFENSE COMPLETION FORM

STUDENT NAME: _____

DEFENSE DATE: _____ STUDENT NUMBER: V00 _____

THESIS PROPOSAL TITLE: _____

Members of the above student's supervisory committee have reviewed the above named proposal and consider it to be:

- ☐ acceptable as submitted
- ☐ acceptable contingent on outcome of preliminary study - approved by supervisor/date _____
- ☐ acceptable with the indicated modifications - approved by supervisor/date _____
- ☐ unacceptable

Comments:**Committee Signatures:**_____
Supervisor_____
Department Member (or co-supervisor)_____
Optional MemberNoted for the Department: _____
Graduate Advisor☐ Electronic copy to supervisor☐ Electronic copy to student☐ Original in student's file