

MASTER'S THESIS APPROVAL

Students must submit this form to their graduate program office. Program staff will ensure that the committee has been entered in the Supervisory Committee Management Tool, verify that the signatures and initials are authentic, and send the form to the Faculty of Graduate and Postdoctoral Studies at graduate.thesis@ubc.ca.

Student:		Student number:
Given Name	Family Name	
n partial fulfillment of the requirements fo	r the degree of:	
Degree Name in Full (e.g. Master of Arts, Master of Science)	in:	Graduate Program Name
Date of Defence (if applicable):		
Thesis Title:		
I he supervisory committee has be	en approved in SCIVIT. Thi	s must be done before submitting form
research supervisor for the above student,	-	
proved changes required by the final exami udies for acceptance.	ners, and recommend the thes	is to the Faculty of Graduate and Postdoctoral
EQUIRED: I verify and endorse the content of	of the Drofeso,	Supervisor must initial)
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QUIRED: I verify that approval of a UBC Re	<u>search Ethics Board</u> or <u>UBC An</u>	imal Care Committee (Supervisor must initial)
was not required;		
	Supervisor's initials	
OR was required and obtained.		
	Supervisor's initials	
Name of Research Supervisor	Signature of Research Superviso	Date (yyyy/mm/dd)
e undersigned certify that they recommen	d this thesis to the Faculty of G	Graduate Studies for acceptance:
Name of Examining/Supervisory Committee Member	Signature of Examining/Supervis	sory Committee Member Date (yyyy/mm/dd)
Name of Examining/Supervisory Committee Member	Signature of Examining/Supervise	ory Committee Member Date (yyyy/mm/dd)
Name of Examining/Supervisory Committee Member	Signature of Examining/Supervise	ory Committee Member Date (yyyy/mm/dd)
		the research supervisor's signature and the
nature of at least one member of the exam	ining committee.	

Gradua	te Studies use only:		
	Date thesis approved in cIRcle	Receipt email sent	Thesis Clerk