



MASTER'S THESIS APPROVAL FORM

FILLABLE FIELDS MUST BE COMPLETED ELECTRONICALLY.

PLEASE ENSURE ALL INFORMATION APPEARS EXACTLY THE SAME ON THIS FORM AND THE THESIS TITLE PAGE. THE USE OF WHITEOUT IS NOT PERMITTED.

THIS FORM, SHOULD BE SUBMITTED TO THE FACULTY OF GRADUATE STUDIES UPON FINAL THESIS SUBMISSION.

STUDENT NAME:	STUDENT NUMBER:
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF	
(_____)	
DEFENCE/APPROVAL DATE:	
THESIS TITLE:	

THE UNDERSIGNED HEREBY CERTIFY THEY HAVE READ AND RECOMMENDED TO THE FACULTY OF GRADUATE STUDIES FOR ACCEPTANCE THE ABOVE THESIS. PLEASE NOTE: ONLY EXAMINERS WITH A FACULTY OF GRADUATE STUDIES APPOINTMENT MAY VOTE ON THE OUTCOME OF AN EXAMINATION AND SIGN THIS FORM. THE CHAIR OF THE DEFENCE SHOULD NOT SIGN.

	NAME	SIGNATURE
EXAMINING COMMITTEE MEMBERS:		

AS RESEARCH SUPERVISOR FOR THE STUDENT NAMED ABOVE, I CERTIFY I HAVE READ THE STUDENT'S DEFENDED DISSERTATION (TITLE ABOVE), HAVE APPROVED CHANGES REQUIRED BY THE EXAMINING COMMITTEE, AND RECOMMEND THE DISSERTATION TO FGS FOR ACCEPTANCE. I FURTHER CERTIFY THAT: 1) I HAVE READ AND UNDERSTAND THE DALHOUSIE THESIS LICENSE AGREEMENT THAT THE STUDENT WILL SIGN AND SUBMIT TO FGS UPON FINAL SUBMISSION; 2) I HAVE ENSURED THE STUDENT HAS COMPLIED WITH ALL REQUIRED ETHICAL GUIDELINES AS PER FGS REGULATION 10.1; 3) I HAVE ENSURED THE STUDENT HAS RECEIVED COPYRIGHT PERMISSIONS FOR PUBLISHED MANUSCRIPTS, PAPERS OR REPORTS AS PER FGS REGULATION 10.2.2.

	NAME	SIGNATURE
SUPERVISOR(S):		

NOTE: THIS FORM SHOULD BE COMPLETED AND SIGNED BY THE COMMITTEE AT THE DEFENCE (EXCEPT THE SUPERVISOR, WHO MAY WITHHOLD SIGNATURE UNTIL REVISIONS ARE APPROVED, IF ANY). IF THERE ARE REMOTE PARTICIPANTS IN THE DEFENCE, THEY MAY SIGN A SEPARATE COPY. THE SIGNED COPIES TOGETHER WILL CONSTITUTE A SINGLE FULLY SIGNED DOCUMENT. THE FACULTY OF GRADUATE STUDIES REQUIRES ALL SIGNATURES TO BE ORIGINAL (NO SCANS OR FAXES).

FACULTY OF GRADUATE STUDIES USE ONLY:

FACULTY OF GRADUATE STUDIES SIGNATURE

DATE THESIS ENTERED ON STUDENT RECORD