**CERTIFICATE OF APPROVAL**

Submitted by First Name Last Name

In partial fulfillment of the requirements for the degree of

**Doctor of Philosophy** in **XXXXXXXX**

Date of Defence: Month DD, YYYY

|  |
| --- |
| Thesis title: |

The undersigned certify that the student has presented their thesis, that the thesis is acceptable in form and content and that a satisfactory knowledge of the field covered by the thesis was demonstrated by the candidate through an oral examination. They recommend this thesis to the School of Graduate and Postdoctoral Studies for acceptance.

**Examining Committee:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr. First Name Last Name

Chair of Examining Committee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr. First Name Last Name

Research Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr. First Name Last Name

Co-Research Supervisor (remove if not applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr. First Name Last Name

Examining Committee Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr. First Name Last Name

Examining Committee Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr. First Name Last Name

External Examiner, affiliation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr. First Name Last Name

University Examiner

|  |
| --- |
| * As research supervisor for the above student, the thesis was rendered acceptable without revisions.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr. First Name Last Name   * As research supervisor for the above student, I read and approved the changes required by the final examiners and recommend the thesis for acceptance:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr. First Name Last Name |