

**Supervisory Committee Declaration of Thesis Readiness
for Oral Examination**

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Faculty:

Program:

Name of student:

Student number:

I hereby acknowledge that by submitting my thesis, I give permission to use TurnItIn:

Name of student

Signature

Date (dd/mmm/yyyy)

Name of Supervisor

Signature

Date (dd/mmm/yyyy)

Name of Co-Supervisor (if applicable)

Signature

Date (dd/mmm/yyyy)

Supervisory Committee comments:

Supervisory committee declaration of thesis readiness for oral examination:

Each committee member provides below his/her recommendation on the thesis readiness for oral examination. By making this recommendation, each committee member indicates that he/she is sufficiently familiar with the quality of the thesis. *If the thesis is deemed **Not Ready** please provide an explanation on a separate page.*

Name of supervisory committee member

Ready Not ready

Signature

Date (dd/mmm/yyyy)

Name of supervisory committee member

Ready Not ready

Signature

Date (dd/mmm/yyyy)

Name of supervisory committee member

Ready Not ready

Signature

Date (dd/mmm/yyyy)

Name of Graduate Program Director

Signature

Date (dd/mmm/yyyy)