



Part A | To Be Completed by the Advisory Committee

Student Name (LAST, First) _____ Student Number _____

Major Department/Unit _____

This will certify that the above-named student has successfully completed the requirements of the thesis proposal and that the undersigned give their approval for the student to proceed with the thesis research without reservation or with the attached reservation(s).

Thesis Title

Committee of Examiners

Names	Department/Unit	Signatures
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date _____
MM/DD/YYYY

Part B | To Be Completed by the Department Head/Grad Chair

The thesis proposal of the above-named student has been approved without reservation or with the attached reservation(s). **Please note:** If applicable, approval from the appropriate Ethics Review Committee must be obtained before the work has begun on the thesis research.

Department Head/
Grad Chair _____

Signature _____ Date _____
MM/DD/YYYY