



**Part A | To Be Completed by the Examining 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/practicum proposal and that the undersigned give their approval for the candidate to proceed with the thesis/practicum research without reservation or with the attached reservation(s).

Thesis                      Practicum

Thesis / Practicum Title

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Committee of Examiners

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

Date \_\_\_\_\_  
MM/DD/YYYY

**Part B | To Be Completed by the Department/Unit Head**

The thesis/practicum 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 or project.

Department/Unit Head \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

MM/DD/YYYY