



PHD THESIS PROPOSAL APPROVAL FORM

Student name: _____

Student number: _____

Proposed thesis title:

PLEASE NOTE: A copy of the thesis proposal should be attached to this form.

Committee members:

Supervisor: _____

Co-supervisor: _____

Member: _____

Member: _____

Date defended: _____

Committee signatures denote a successful thesis defence:

Supervisor: _____

Co-supervisor: _____

Member: _____

Member: _____