



Academic Unit: _____

Student Name: _____

Student Number: _____

Title of Thesis: _____

Name of Supervisor: _____

Name of Co-Supervisor(s)
(if applicable) _____

This is to confirm that the minor revisions requested by the oral defence examination committee have been made.

Signature of Student

Date:

This is to confirm that the minor revisions made by the student have satisfied the graduation requirement.

The thesis of the above named student is ready for submission for the purpose of graduation.

Confirmed by:

Chair:

Examination Committee Member:

Name:

Date:

Name:

Date:

Supervisor:

Examination Committee Member:

Name:

Date:

Name:

Date:

Examination Committee Member:

Examination Committee Member:

Name:

Date:

Name:

Date: