



PLEASE NOTE: Completion of this form confirms that the stated thesis is ready for defense

STUDENT NAME:		DEGREE:	<input type="checkbox"/> MSc	<input type="checkbox"/> PhD
STUDENT NUMBER:				
SIGNATURE:				

	NAME	SIGNATURE
Supervisor(s)		
Committee Members	1)	
	2)	
	3)	

To be completed by the SUPERVISORY COMMITTEE:

THESIS TITLE/TOPIC:			
DATE:		DATE OF LAST MEETING:	
COMMITTEE COMMENTS:			