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**FACULTY OF MATHEMATICS & SCIENCE**  
**SUPERVISORY COMMITTEE APPROVAL OF THESIS FOR EXTERNAL REVIEW**  
*(Signature of all Supervisory Committee Members is required)*

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Date Submitted: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Student Number: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

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**Supervisory Committee Members approve the MSc thesis for external review and oral defence:**

Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisory Committee Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisory Committee Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisory Committee Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Requested Date of Defence: \_\_\_\_\_

Graduate Program Director Comments (optional): \_\_\_\_\_

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