



Brock University
1812 Sir Isaac Brock Way
St. Catharines, ON L2S 3A1
Tel: 905-688-5550
egenkin@brocku.ca

FACULTY OF MATHEMATICS & SCIENCE
SUPERVISORY COMMITTEE APPROVAL OF THESIS FOR EXTERNAL REVIEW

(Signature of all Supervisory Committee Members is required)

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Graduate Studies, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550.

Date Submitted: _____

Name of Student: _____

Student Number: _____

Graduate Program: _____

Thesis Title: _____

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): _____

NOTES:
