Graduate and Postdoctoral Studies WWW.GRAD.UBC.CA

170-6371 CRESCENT ROAD VANCOUVER, BC, CANADA V6T 1Z2 TEL: 604.822.2848 FAX: 604.822.5802

DOCTORAL DISSERTATION APPROVAL

Student:	Brosch	Tom	Studen	t number:	17362104	
	Given Name	Family Name				
in partial fu	lfillment of the require	ments for the degree of:	PhD in: Degree Name (e.g. PhD)		dical Engineeri	ng
Date of Di	ssertation Defence:	2016/06/13 Date (yyyy/mm/dd)	_			
Dissertation	FOR MAN	T DEEP LEARNING OF IIFOLD LEARNING AND TION TO MULTIPLE SCI	LESION SEGMEN			
dissertation	(title above), have ap	dent named above, I certify b proved changes required by t oral Studies for acceptance. N	the final examiners, and	d recommen	nd the dissertation to the	
			ALC:			
REQUIRED:	I verify and endorse t	he content of the Preface:	(Supervise	or's initials)		
EITHER I ve	rify that approval of	he content of the Preface:	ces was not required:	P.	(Supervisor's initials)	
EITHER I ve	rify that approval of		ces was not required:	P.		ıls)
either i ve or i verify Roge	rify that approval of	UBC Office of Research Services w	ces was not required:	P.	(Supervisor's initials)	ils)
EITHER I verify OR I verify Roge	erify that approval of that approval of UBC Tam arch Supervisor	UBC Office of Research Services w	ces was not required: _vas obtained for research Supervisor	rch:	(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)	F
Roge Name of Rese The unders Martir	erify that approval of that approval of UBC Tam arch Supervisor Igned certify that they	Office of Research Services we Signature of Revices we recommend this dissertation	ces was not required:	rch:	(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)	F
Rogel Name of Rese Martir	erify that approval of that approval of UBC Tam arch Supervisor Igned certify that they	Office of Research Services we Signature of Research Services we signature of Research Services we signature of University of Signature	ces was not required: _vas obtained for research Supervisor	rch:	(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)	F
Roge Name of Rese The unders Martir Name of Universe	erify that approval of that approval of UBC Tam arch Supervisor igned certify that they	Office of Research Services we Signature of Research Services we signature of Research Services we signature of University Sumi	ces was not required:	rch:	(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)	F
Roge Name of Rese The unders Martir Name of Universe Purar Name of Exame	erify that approval of that approval of UBC Tam arch Supervisor gned certify that they McKeown ersity Examiner	Office of Research Services we Signature of Research Services we signature of Research Services we signature of the Sumi	ces was not required:	rch:	(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)	F
Rogel Name of Rese The unders Martir Name of Univers Puran Name of Exam	erify that approval of that approval of UBC Tam arch Supervisor igned certify that they MCKeown ersity Examiner ig Abolmae lining Committee Member	Office of Research Services we Signature of Example 1975 Signature of Ex	ces was not required:	rch:	(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)(Supervisor's initials)	F

Faculty of Graduate Studies use only:

Date thesis approved in cIRcle

Thesis Clerk

Receipt email sent