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Given Name:		Stefan	Student Number: 24484065				
Middle Name:		Hermann	Email: sediomyle@gmail.com				
Family Name:		Lukits					
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## **DOCTORAL DISSERTATION APPROVAL**

Student:	Stefan	Lukits	Student number:	24484065
74	Given Name	Family Name		ŧ
in partial fu	Ifillment of the requireme	ents for the degree of:	hD in: Philoso	ophy Ite Program Name
Date of Di	ssertation Defence:	2016/05/16  Date (yyyy/mm/dd)		
Dissertation	Title: Information	Theory and Partial Belief F	Reasoning	
dissertation	(title above), have app	ent named above, I certify by sig roved changes required by the f ral Studies for acceptance. <b>NOT</b>	inal examiners, and recommer	nd the dissertation to the
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EITHER I ve	erify that approval of UI	BC Office of Research Services v	vas not required:	(Supervisor's initials)
OR I verify	that approval of UBC O	ffice of Research Services was o	obtained for research:	(Supervisor's initials)
Paul E	Bartha	la l	S. th.	2016 / 5 / 2 4  Date (yyyy/mm/dd)
Name of Rese	arch Supervisor	Signature of Researc	h Supervisor	Date (yyyy/mm/dd)
The unders	igned certify that they i	recommend this dissertation to	the Faculty of Grad. and Post	doc. Studies for acceptance:
David	Poole		Pool	2016/65/16 Date (yyyy/mm/dd)
Name of University Examiner		Signature of Univers	ity Examiner	Date (yyyy/mm/dd)
Christ	topher Steph		lft	2016/05/16
	nining Committee Member	Signature of Examili	ing Committee Member	Date (yyyy/mm/dd)
Carrie	e Jenkins			2016-05-16
Name of Exam	nining Committee Member	Signature of Examini	ng Committee Member	Date (yyyy/mm/dd)
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signature, a	University examiner's s	signature, plus the signature of a	at least one more member of t	he examining committee.
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