

## **FACULTY OF MATHEMATICS** | Office of the Dean 519-888-4567, ext. 33474 | fax 519-888-4302 deanmath@uwaterloo.ca | uwaterloo.ca/math

## **Agreement to Read MMath Thesis**

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THESIS TITLE:		
		above mentioned student's committee and read ve received a copy (hard or electronic) of the
Committee Members:		
Name	Signature	Date
Supervisor:  Co-Supervisor: (if applicable)		
Committee Member:		
Committee Member:		
Approval (To be obtained by the I		
Associate Chair: (Printed &	Signature) Date:	V OF

<u>Student:</u> Provide each member with a copy of your thesis (hard or electronic). Obtain signatures or email approval(s) from each committee member to acknowledge consent to serve as a reader and receipt of your thesis. \*\* Submit this form to your Dept. Grad Coordinator along with an electronic copy of your MMath Thesis. \*\*