



## MASTER'S THESIS APPROVAL

Students must submit this form to their graduate program office. Program staff will ensure that the committee has been entered in SISC, verify that the signatures and initials are authentic, and send the form to the Faculty of Graduate and Postdoctoral Studies at [graduate.thesis@ubc.ca](mailto:graduate.thesis@ubc.ca).

Student: \_\_\_\_\_ Student number: \_\_\_\_\_  
Given Name Family Name

in partial fulfillment of the requirements for the degree of:

\_\_\_\_\_ in: \_\_\_\_\_  
Degree Name in Full (e.g. Master of Arts, Master of Science) Graduate Program Name

Date of Defence (if applicable): \_\_\_\_\_

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

The supervisory committee has been entered in SISC. This must be done before submitting this form.

As research supervisor for the above student, I certify that I have read this student's defended thesis (title above), have approved changes required by the final examiners, and recommend the thesis to the Faculty of Graduate and Postdoctoral Studies for acceptance.

REQUIRED: I verify and endorse the content of the Preface: \_\_\_\_\_ (Supervisor must initial)

REQUIRED: INITIAL ONE STATEMENT ONLY:

EITHER I verify that approval of a [UBC Research Ethics Board](#) or [UBC Animal Care Committee](#) was not required: \_\_\_\_\_  
Supervis. initials

OR I verify that approval of a [UBC Research Ethics Board](#) or the [UBC Animal Care Committee](#) was obtained: \_\_\_\_\_  
Supervis. initials

\_\_\_\_\_  
Name of Research Supervisor Signature of Research Supervisor Date (yyyy/mm/dd)

The undersigned certify that they recommend this thesis to the Faculty of Graduate Studies for acceptance:

\_\_\_\_\_  
Name of Examining/Supervisory Committee Member Signature of Examining/Supervisory Committee Member Date (yyyy/mm/dd)

\_\_\_\_\_  
Name of Examining/Supervisory Committee Member Signature of Examining/Supervisory Committee Member Date (yyyy/mm/dd)

\_\_\_\_\_  
Name of Examining/Supervisory Committee Member Signature of Examining/Supervisory Committee Member Date (yyyy/mm/dd)

**Note:** Master's theses must have a minimum of two signatures for approval; the research supervisor's signature and the signature of at least one member of the examining committee.

For convenience, each party required to sign this form may sign a separate copy and return it to the graduate program office as a PDF. The signed copies together will constitute a single fully signed document.

Graduate Studies use only:  
\_\_\_\_\_  
Date thesis approved in cIRcle Receipt email sent Thesis Clerk