



Department of Cell and Systems Biology

THESIS APPROVAL COMMITTEE MEETING

CANDIDATE: _____

THESIS TITLE: _____

We have assessed the above-mentioned thesis and recommend that the **senate** examination **should / should not** (please circle one) now be scheduled.

Tentative date for the Final Oral Examination: _____

Reasons for not scheduling the Final Oral Examination at this time (if applicable):

Signatures:

Supervisor / Co-supervisor

Supervisor / Co-supervisor

Committee Member

Committee Member

Date: _____

This form must be signed by the supervisor(s) and committee members, and returned to the CSB Graduate Office (Room 424F, Ramsay Wright) before the examination date is officially set. Once the examination date has been determined, please inform the CSB Graduate Office of the full composition of the examining committee, along with the examination date, time, and location.