



## Department of Cell and Systems Biology

### THESIS APPROVAL COMMITTEE MEETING

CANDIDATE: \_\_\_\_\_

THESIS TITLE: 

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We have assessed the above-mentioned thesis and recommend that the **senate** examination  
 **should**/  **should not** now be scheduled

Tentative date for the Final Oral Examination: \_\_\_\_\_

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

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*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.