



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 534, 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.