



Supervisor: Ensure all examining committee members sign this form

NAME: _____ **STUDENT NUMBER:** V0 _____

DEPARTMENT: _____ **DEGREE:** _____
(M.A., M.Sc., M.A.Sc. M.Eng., LL.M., Ph.D., etc.)

PROGRAM/OPTION (if applicable): _____

EXACT TITLE OF DISSERTATION OR THESIS:

EXAMINING COMMITTEE

We, the members of the Examining Committee, certify that we have examined this Thesis/ Dissertation and approve it as satisfying this requirement for the above noted degree from the Faculty of Graduate Studies at the University of Victoria.

Supervisor's Signature date (to be entered by Signatory)

Supervisor's name department

Co-Supervisor or Departmental Member's signature date (to be entered by Signatory)

Co-Supervisor or Departmental Member's name department

Departmental Member's signature date (to be entered by Signatory)

Departmental Member's name department

Outside Member's signature date (to be entered by Signatory)

Outside Member's name department

Outside Member's signature date (to be entered by Signatory)

Outside Member's name department

Departmental or Outside Member's signature date (to be entered by Signatory)

Departmental or Outside Member's name department

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