

## THESIS APPROVAL FORM

To be submitted to the Graduate Office in Pharmaceutical Science by the student after the Oral Examination and upon signed approval by the supervisor and/or subcommittee that the thesis has been corrected according to the recommendations of the Examining Committee.

**Student Name:**

**Thesis Title:**

### Supervisor(s) and/or Subcommittee Approval

(To be completed by the Chair of the Examination Committee and given to the student)

- *Minor corrections*: complete within 1 month, supervisor(s) must sign below;
- *Minor modifications*: complete within 3 months, supervisor(s) and at least 1 subcommittee member must sign below.

1) \_\_\_\_\_  
Supervisor (please print)

2) \_\_\_\_\_  
Co-Supervisor (please print)

3) \_\_\_\_\_  
Committee Member (please print)

The supervisor and Subcommittee have ensured that the student's thesis has been corrected according to the Examination Committee's recommendations.

1) \_\_\_\_\_  
Supervisor (Signature) \_\_\_\_\_ Date

2) \_\_\_\_\_  
Co-Supervisor (Signature) \_\_\_\_\_ Date

3) \_\_\_\_\_  
Committee Member (Signature) \_\_\_\_\_ Date