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| **PART II** (to be submitted to the Graduate Office prior to thesis defense) | |
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| **Name of Student:** |  |
| **Start Date of Degree Program:** |  |
| **Title of Thesis:** |  |
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| I have read the preliminary outline of the content of the thesis and agree it has fulfilled the requirements for a Ph.D. thesis as specified by the School of Graduate Studies and the Centre for Neuroscience Studies. This is an advisory decision only and does not in any way substitute for the examination process. |

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| **Supervisor:** | **Signature** | **Date** |
| Signature: |  |  |
|  | | |
| **Committee Members:** | **Signature** | **Date** |
| Signature: |  |  |
| Signature: |  |  |

Items to complete prior to submission of thesis:

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| I acknowledge having received feedback from my supervisor and advisory committee members prior to submission of my thesis for oral examination. | | |
|  | | |
| **Student:** | **Signature** | **Date** |
| Signature: |  |  |
|  | | |

Mini-masters promotion (for MSc Students only)