



## APPROVAL OF MASTER'S THESIS PROPOSAL

Please complete and digitally sign this form. Then, send it, along with a copy of the final draft of your research proposal document, via uwo email to the Graduate Programs Office for approval. Note: It is the student's responsibility to provide a copy of their research proposal to their thesis supervisor(s) and all members of their advisory committee prior to requesting they sign this form.

**Student's Name:** \_\_\_\_\_ **Student #:** \_\_\_\_\_

**Title of Thesis:** \_\_\_\_\_

**Thesis Supervisor:** \_\_\_\_\_

**Thesis Co-Supervisor:**  
(if applicable) \_\_\_\_\_

**Thesis Advisory Committee:**  
(list all members) \_\_\_\_\_

### APPROVAL SIGNATURES: by signing this form I am confirming I have read and approve of the above-noted thesis proposal

**Graduate Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thesis Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thesis Co-Supervisor:**  
(if applicable) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisory Committee:**  
(only one signature required) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Associate Dean,  
Graduate Programs:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A student may proceed with research when a copy of this form containing all approval signatures and ethics approval (if applicable) has been received.