



APPROVAL OF DOCTORAL 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:

**Date of Thesis
Proposal
Presentation:**

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

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

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.