

THESIS COMMITTEE MEETING APPROVAL FORM

Please complete form, **attach** written draft material, and hand in to the General Office for processing. Be sure to allow adequate time (**minimum 2 weeks**) for processing prior to the meeting date as all committee members must be notified.

This is to confi	rm that a committee meeting ma	y be scheduled to	discuss a (check one)
F	Proposal Meeting	Progress Report	
F	irst Draft	Oral Defence	
S	Second Draft	Other	
for (student's r	name)		who is currently in the
Master of Nat	ural Resources Management p	orogram.	
The thesis title	is:		
The meeting w	ill be held on (<i>day/time</i>)		
in the NRI Sen	ninar Room, or:		
Student Signat	ure:	Dat	e:
Faculty Adviso	r:	Dat	e:
Director's Appr	oval:	Dat	e:
Appointed Cha	iir (for Oral Defences only):		

/nri/student files/forms/