



Part A | To Be Completed by the Examining Committee

Student Name (LAST, First) _____ Student Number _____

Major Department/Unit _____

This will certify that the above-named student has successfully completed the requirements of the thesis/practicum proposal and that the undersigned give their approval for the candidate to proceed with the thesis/practicum research without reservation or with the attached reservation(s).

Thesis Practicum

Thesis / Practicum Title

Committee of Examiners

Names	Department/Unit	Signatures
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date _____
MM/DD/YYYY

Part B | To Be Completed by the Department/Unit Head

The thesis/practicum proposal of the above-named student has been approved without reservation or with the attached reservation(s). **Please note:** If applicable, approval from the appropriate Ethics Review Committee must be obtained before the work has begun on the thesis research or project.

Department/Unit Head _____

Signature _____ Date _____

MM/DD/YYYY