



Part A | To Be Completed by the Ph.D. Advisory Committee

This is to certify that _____, _____
Name (LAST, First) Student Number

has successfully completed the requirements of the thesis proposal and that the undersigned give their approval for the candidate to proceed with the thesis research (without reservation or with the attached reservation).

Thesis Title:

Committee Members

Name	Department/Unit	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date _____
MM/DD/YYYY

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

The thesis proposal of the above-named student has been approved without reservation or with the attached reservation(s). 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 Name _____

Signature _____ Date _____
MM/DD/YYYY