



**UNIVERSITY  
OF MANITOBA**

Faculty of Graduate Studies

# Master's Thesis/Practicum Final Report

The undersigned certify that they have read the Master's Thesis/Practicum entitled:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

submitted by

\_\_\_\_\_

in partial fulfillment of the requirements for the degree of

\_\_\_\_\_

The Thesis/Practicum Examining Committee certifies that the thesis/practicum (and oral examination if required) is:

\_\_\_\_\_

(Approved or Not Approved)

Thesis

Practicum

**Name/Unit:** \_\_\_\_\_  
(advisor)

**Signature:** \_\_\_\_\_

\_\_\_\_\_  
(Advisory Committee member)

\_\_\_\_\_

\_\_\_\_\_  
(Advisory Committee member)

\_\_\_\_\_

\_\_\_\_\_  
(Advisory Committee member)

\_\_\_\_\_

**Date:** \_\_\_\_\_