

## Approval to Proceed to PhD Thesis Examination

Student Name (**LAST**, First) \_\_\_\_\_

Student Number \_\_\_\_\_ Student UM Email Address \_\_\_\_\_

Home Department / Unit \_\_\_\_\_

### Advisory Committee Declaration

Through signature below, each member of the advisory committee verifies that they have read the complete version of the thesis, and have provided the candidate with a detailed review and comments including any necessary revisions.

	Name	Signature	Approve Submission?	
			Yes	No
Advisor				
Co-Advisor (if any)				
Committee Member 1				
Committee Member 2				
Committee Member 3 (if any)				
Committee Member 4 (if any)				
Committee Member 5 (if any)				
Knowledge Expert				

### Student Declaration

I verify that I have received feedback from all members of my advisory committee, have taken this feedback into account in preparing the thesis, and that I am ready and willing to have my thesis examined.

Name \_\_\_\_\_ Signature \_\_\_\_\_

### Department / Unit Declaration

I verify that the student's thesis has been reviewed by all members of the advisory committee, and that the department/unit fully supports the thesis proceeding for examination.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Position (please check one):      Department/Unit Head      Graduate Chair

**The thesis will be eligible for examination only if the following conditions are met:**

- no more than one member of the advisory committee is not in support
- the department/unit is in support

This document is available in alternative formats by contacting [graduate.studies@umanitoba.ca](mailto:graduate.studies@umanitoba.ca)