



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

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