

**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:

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**Committee Members**

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

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