



Submitted By: \_\_\_\_\_

Student Number: \_\_\_\_\_

Major Department/Unit: Architecture

In partial fulfillment of the requirements for the degree of **Master of Architecture**

**The Examining Committee certifies that the final review is:**

Name:

\_\_\_\_\_  
(External Examiner)      Signature: \_\_\_\_\_      Pass      Fail

\_\_\_\_\_  
(Design Thesis Examination Chair)      Signature: \_\_\_\_\_      Pass      Fail

\_\_\_\_\_  
(Advisor)      Signature: \_\_\_\_\_      Pass      Fail

\_\_\_\_\_  
(Department Head or designate)      Signature: \_\_\_\_\_      Pass      Fail

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