



TRENT UNIVERSITY
THESIS APPROVAL FORM

Candidate:	
Thesis Title:	
Defense Date:	
Defense Chair:	Prof. <i>Signature:</i>
External Examiner:	Prof. Affiliation: <i>Signature:</i>
Thesis Supervisor(s):	Prof. <i>Signature:</i>
Thesis Examiner:	Prof. <i>Signature:</i>
Thesis Examiner:	Prof. <i>Signature:</i>
Decision of Committee (Check one)	<input type="checkbox"/> Approved as it stands <input type="checkbox"/> Approved with minor revisions <input type="checkbox"/> Approved with major revisions <input type="checkbox"/> Not approved, but may be re-submitted <input type="checkbox"/> Not approved.
Revisions Required: <i>(May be expanded in an attached report).</i>	
Revisions to be approved by: <i>(names(s)):</i>	
Date for submitting revised thesis to Program Director and Office of Research & Graduate Studies:	
Candidate's signature:	

This form, as well as a written report, must be returned to the Office of Research & Graduate Studies immediately following the Oral Examination.