

UBCO School of Health and Exercise Sciences: Thesis Proposal Approval Form

<i>Student Name:</i>	<i>Student #:</i>	<i>Date:</i>
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Title of thesis proposal.

By providing my signature below, I, the graduate student, am acknowledging that I have revised the thesis proposal to reflect the feedback of my Supervisory Committee.

<i>Graduate Student Signature:</i>	<i>Date:</i>
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By providing our signatures below, we, the members of the Supervisory Committee, are acknowledging that we approve of the thesis proposal in its current format.

Role	Name	Institution	Signature	Date
Supervisor				
Co-Supervisor (if applicable)				
Committee Member				
Committee Member				
Committee Member (if applicable)				

<i>Graduate Program Coordinator Signature:</i>	<i>Date:</i>
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Please email the completed and signed version of this form, as well as a copy of the written proposal, to the School's Graduate Program Assistant (fhsd.graduateprogram@ubc.ca) as soon as the thesis proposal is approved.