



## APPROVAL OF DOCTORAL THESIS PROPOSAL

Please complete and digitally sign this form. Then, send it, along with a copy of the final draft of your research proposal document, via uwo email to the Graduate Programs Office for approval. Note: It is the student's responsibility to provide a copy of their research proposal to their thesis supervisor(s) and all members of their advisory committee prior to requesting they sign this form.

**Student's Name:**

**Student #:**

**Title of Thesis:**

**Thesis Supervisor:**

**Date of Thesis  
Proposal  
Presentation:**

**Thesis Advisory  
Committee:**  
(list all members)

**Thesis Co-  
Supervisor:**  
(if applicable)

**APPROVAL SIGNATURES:** by signing this form I am confirming I have read and approve of the above-noted thesis proposal

**Graduate Student:**

**Date:**

**Thesis Supervisor:**

**Date:**

**Thesis Co-Supervisor:**  
(if applicable)

**Date:**

**Advisory Committee:**  
(only one signature required)

**Date:**

**Associate Dean,  
Graduate Programs:**

**Date:**

A student may proceed with research when a copy of this form containing all approval signatures and ethics approval (if applicable) has been received.