

Declaration:

The undersigned hereby certify that they have read and recommend to the School of Graduate Studies the acceptance of the Thesis entitled:

by _____ in partial fulfillment of the requirements for the degree
of _____

Signature Area:

Supervisor:

Name (print)

Signature

Date

Examination Committee Members:

Name (print)

Signature

Date

Name (print)

Signature

Date

Name (print)

Signature

Date

Examination Committee Chair:

Name (print)

Signature

Date

Please submit complete forms to the School of Graduate Studies at sgs@nipissingu.ca