

Ecology & Evolutionary Biology
UNIVERSITY OF TORONTO

APPROVAL OF PhD THESIS FOR FINAL ORAL EXAMINATION

Candidate Name: _____

Student number: _____

Thesis Title: (Please print clearly, and underline required italics.)

We have assessed the above-mentioned thesis and recommend that the SGS Final Oral Examination be held. We affirm that the thesis includes only work done while the candidate was a registered graduate student for this degree.

Signatures: [supervisor and co-supervisor (if applicable) and one other supervisory committee member]

Supervisor

Co-Supervisor (if applicable)

Committee Member

Date: _____

N.B. This form should be returned to the EEB Graduate Office (Room 3046, Earth Sciences Centre) **at least 7 weeks** before the examination date.