



In accordance with Trent University regulations for the submission and examination of graduate theses, it is necessary that all members of the Thesis Supervisory Committee sign a form verifying that the thesis under examination is of sufficient quality that the oral defence should proceed as scheduled.

**NOTE: THIS FORM MUST BE SIGNED AND RETURNED TO THE GRADUATE PROGRAM DIRECTOR AT LEAST ONE WEEK BEFORE SCHEDULED DATE OF THE ORAL EXAMINATION.**

THIS IS TO VERIFY that I have read the thesis and recommend that the oral examination of

\_\_\_\_\_ scheduled for \_\_\_\_\_ should take place as planned:    Yes    No

**COMMENTS** (expected for either decision):

Committee Member's Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form asap to \_\_\_\_\_ at \_\_\_\_\_ Fax \_\_\_\_\_  
(Program Director)