



**UNIVERSITY OF TORONTO**  
**DALLA LANA SCHOOL OF PUBLIC HEALTH**

**GRADUATE DEPARTMENT OF PUBLIC HEALTH SCIENCES**  
**APPROVAL OF THESIS FOR SGS FINAL EXAM**

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

Student's Name \_\_\_\_\_

Division of \_\_\_\_\_

Thesis Title

--

I hereby confirm that I have read and approved the thesis of student, \_\_\_\_\_  
and he/she is ready to go forward to the School of Graduate Studies Final Oral Exam.

Supervisor/Co-supervisor \_\_\_\_\_  
Print Signature Date

Co-supervisor \_\_\_\_\_  
Print Signature Date

Committee Member \_\_\_\_\_  
Print Signature Date

Committee Member \_\_\_\_\_  
Print Signature Date

Committee Member \_\_\_\_\_  
Print Signature Date