

**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 that the thesis 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