

**Note:** This form is **NOT** to be signed by either external examiners or the chair of the defense.

### MSc Thesis Committee

#### Permission to Proceed to Oral Defense

**Student Name:**

**Student  
ID #:**

**Degree and Program  
Start Date:**

**Title of Thesis:**

I have read the above thesis and agree it is ready for submission for examination as specified by the School of Graduate Studies and the Department of Psychology. This is an advisory decision only and does not in any way substitute for the examination process.

\_\_\_\_\_  
**Supervisor (print name)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Committee Member (print name)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Committee Member (print name)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Committee Member (print name)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*I acknowledge having received appropriate feedback from my supervisor and advisory committee members prior to submission of my thesis for oral examination.*

\_\_\_\_\_  
**Student (print name)**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Date thesis submitted to PSYC Graduate Office: \_\_\_\_\_