Brandon University

FACULTY OF EDUCATION

The undersigned certify that they have read, and recommended to the Senate for acceptance, a **MASTER’S THESIS** entitled:

**(INSERT TITLE HERE)**

Submitted by: **Student Name here**

In partial fulfillment for the requirements for the degree of

# MASTER OF EDUCATION

Date: Month Day, Year

Supervisor:

(Insert name here & sign above)

Committee member:

(Insert name here & sign above)

Committee member:

(Insert name here & sign above)

Committee member:

(Insert name here & sign above)

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(Insert name here)

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(Insert name here)

Committee member:

(Insert name here & sign above)

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