



**BRANDON
UNIVERSITY**

Master of Science (Environmental and Life Sciences) Thesis Approval Form

Last Name: _____ Given Name(s): _____

BU Student Number: _____ Thesis Supervisor: _____

Thesis Title: _____

On a separate page please provide the following:

1. Summary of Thesis
2. Disciplines demonstrated in production of thesis (with explanation)

Recommended by the Advisory Committee to the MELS Steering Committee on _____
Day/Month/Year

Name	Signature

For MELS Office Use Only

Authorized

MELS Coordinator

Date