



**Faculty of Health Studies
Thesis Defense Proposal**

(Completed by the Thesis Advisor)

Student Name:

Student Number:

Degree Sought:

Title of Thesis:

Date of Proposed Defense:

Thesis Committee:

Thesis Advisor:

Committee Member:

Committee Member:

Committee Member:

Committee Member:

Recommendation:

Approval

Approval with minor revision (Specify below. Revisions to be approved by the Thesis Advisor)

Major revision: Repeat proposal defense

Signatures:

Thesis Advisor:

Committee Member:

Committee Member:

Committee Member:

Committee Member:

The Thesis Advisor certifies that the Committee agrees that the proposal reflects the nature and scope of the thesis work. Any required changes must be documented.