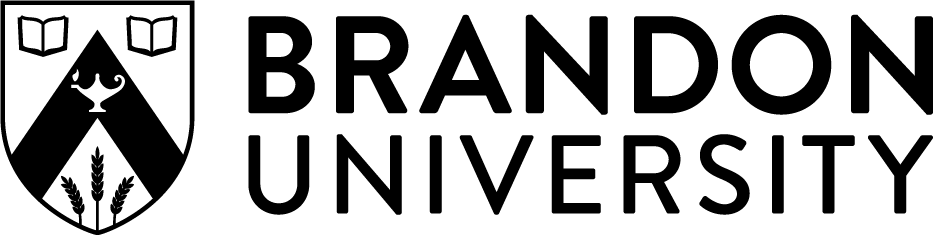
**Faculty of Health Studies**

**Thesis Proposal Defense**

(completed by the Thesis Advisor)



**Student Name:**  **Student Number:** 

**Degree Sought:** 

**Title of Thesis:** 

**Date of Proposal Defense: **

**Thesis Committee:**

Thesis Advisor: 

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: 

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.