

## MSc Thesis Assurance Form

Please complete and submit this form to [phm.grad@utoronto.ca](mailto:phm.grad@utoronto.ca) or to the Graduate Office (Room 658), at least SIX (6) weeks prior to the proposed examination date.

**I, the student, have read the section on Code of Behaviour in the School of Graduate Studies Calendar.**

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Thesis Title: \_\_\_\_\_

**By signing and dating this form, you are assuring the Graduate Chair that you have thoroughly read the thesis of the above-named student and believe, to the best of your knowledge, that it is an original piece of work by the student and is in a suitable format to be distributed to the Committee Members for the Senate Oral Exam at the School of Graduate Studies.**

### Supervisor

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

### Co-supervisor (if applicable)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

### Advisory Committee Members

(Other than the supervisor/co-supervisor; at least 2 signatures required for PhD and at least 1 signature required for MSc)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

The Advisory Committee Members who have signed this form should coincide with the student's Advisory Committee Members Form on file. If a member is being substituted or changed, the Graduate Chair should be informed in writing for approval before the meeting takes place.