**M.Sc.Thesis Supervisory Committee Approval of Thesis for Defense**

Student: Date of entry into Program:

Thesis Title:

**I have read the above named thesis and approve it for submission to the Thesis Examination Committee.**

**Thesis Supervisory Committee** (print name, followed by signature)

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed form to: (scan, fax, or mail)

**Bioinformatics Graduate Program Coordinator**

**sharonr@bcgsc.ca**

**100-570 West 7th Avenue**

**Vancouver, BC V5T 4S6**

**Tel: (604) 707-5803**

**Fax: (604) 876-3561**