

## **Confirmation for External Review**

Please complete the following information and submit this document to the Faculty of Graduate Studies

Name of Student: \_\_\_\_\_\_

Degree Sought: \_\_\_\_\_

Academic Unit: \_\_\_\_\_\_

Title of Thesis/Dissertation:

This is to confirm that I, \_\_\_\_\_\_ have read the thesis/dissertation by the above named student and it is now ready for external review.

Supervisor

Date

Graduate Coordinator/ Chair

Date