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## Thesis Committee's Report on Proposal

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

Student ID: \_\_\_\_\_

Program: \_\_\_\_\_

Status:  *Standard Full-time*       *Flexible Full-time*

Estimated date of completion: \_\_\_\_\_ / \_\_\_\_\_ *Month/Year*

Title of Thesis:

Thesis Committee Members:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Co-supervisor (*if applicable*)

\_\_\_\_\_  
Committee Member #1

\_\_\_\_\_  
Committee Member #2

\_\_\_\_\_  
Committee Member #3

\_\_\_\_\_  
Proposed Internal/External Examiner (*if known*)

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Indicate your assessment of the thesis proposal by checking one of the boxes below.

- Accepted
- Accepted Subject to Revisions
  - Revisions are specified and the final document is reviewed and approved by the thesis supervisor
- Appreciable Revisions Required
  - Revisions are specified and the final document is reviewed and approved by all members of the thesis committee
- Proposal Rejected
  - A choice of "Proposal Rejected" means that the proposal must be rewritten; a second oral presentation may also be required.



**Lakehead**  
UNIVERSITY

Department of  
**Health  
Sciences**

Appendix 2b

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Comments regarding your choice and/or specific revisions. (Attach additional pages as needed).



\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-supervisor (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee member #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee member #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee member #3

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Coordinator

\_\_\_\_\_  
Date