



Confirmation of Master's Thesis Ethics Approval

Student Name: _____

Student ID: _____

Program: _____

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

Estimated date of completion: _____ / _____ *Month/Year*

Title of Thesis:

Ethics Approval* Received from:

<i>Lakehead University</i>	<input type="checkbox"/> Yes	Date: _____
<i>External Organization (please specify)</i>	<input type="checkbox"/> Yes	Date: _____

**A copy of the Ethics Certificate (or email from the Research Ethics Officer confirming ethics clearance) must be attached.*

Thesis Committee Members:

Supervisor

Co-supervisor (*if applicable*)

Committee Member #1

Committee Member #2

Committee Member #3 (*if no co-supervisor*)

Proposed External Examiner (*if known*)

Student

Date

Graduate Coordinator

Date