THESIS CERTIFICATE OF APPROVAL

Biology Graduate Program

Student				
Name:	Date:		MSc	PhD
I submit this thesis draft to Reader/A	Advisor:			
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Two supervisors will read this t	nesis, piease warve	the departmental requ	memem (n a reader.
Reader/Advisor (return to studen	t within 2 weeks)			
Approved as it stands				
Approved as it stands Requires minor revision to	form	conten	ıf	
Requires serious revision to	form	conten		
Comments:				
Signature:	Date:			
Supervisor(s):				
I hereby approve that the reader/adv	visor recommendati	ions have been incorp	orated and	d the thesis
meets the scholarly standards for su			oracea are	z tilo tilosis
Comments:		_		
Signature (supervisor):	I	Date:		
Signature (co-supervisor):	I	Date:		

NOTE: If the written thesis is not passed at the preliminary evaluation stage by majority of examiners, this form must be completed again by both the supervisor(s) and/or reader accordingly and resubmitted before the revised thesis is uploaded into the thesis repository. If it is determined at the exam that revisions are required to the thesis, only the supervisor must submit this form confirming their approval of the revised thesis and that the examiners' concerns have been addressed.