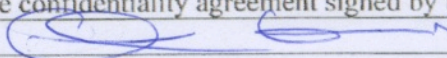




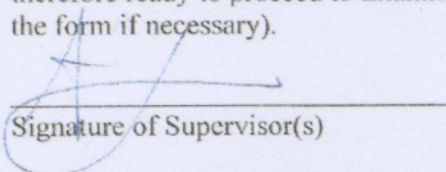
Master's Thesis Supervisor Approval

Once completed, this form must accompany the Thesis as described in the Thesis Regulation Guide 8.5.3 *The Candidate Submits the Thesis for Examination.*

Candidate's Program: Surgery	Candidate's Student #: 250397744
Candidate's Name: (Last Name, First) Hamam, Al Walid	
Candidate's E-mail: awhamam@gmail.com	
Thesis Examination requires a confidentiality agreement be obtained? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
If yes I have enclosed copies of the confidentiality agreement signed by the Examiners? <input type="checkbox"/> Yes	
Candidate's Signature: 	

Supervisor(s) Approval:

In my judgment the thesis and the candidate meet recognized scholarly standards for the degree and is therefore ready to proceed to Examination. If not please provide written reasons below (use the back of the form if necessary).


Signature of Supervisor(s)

July 23 / 2014
Date

Open Defense Request:

The thesis defense will be closed to the Thesis Examination Board only unless the student and graduate program, by mutual agreement, request that the defense be open to the university community (Faculty, academic colleagues, and students).

Is an open defense requested?

- Yes
 No

Graduate Chair's Instructions:

If the Supervisor(s) has judged the thesis not ready for examination, I have provided the candidate with a copy of the written reasons for withholding approval.

Signature of the Graduate Chair

Date