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| Student First Name:<br><br>McGill ID:<br><br>Degree and level of study:<br><br>Exact Thesis Title : | Student Last Name:<br><br>Email Address:<br><br>Program: |
| Signature:  |  |

**NOTE:** By signing this form, you are confirming that you have **1)** reviewed the abovementioned student's final dissertation draft and **2)** approve the draft for submission:

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| Research Co-Supervisor <i>(if applicable)</i>                  |   |
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| Full Name, Title:<br><br>McGill ID:<br><br>Approval Signature: | Dept/Program/<br>Institution:<br><br>Email Address: |

| Committee Member (1)  |  |
|---|--|
| Full Name, Title:<br><br>Email Address:<br><br>Department:<br><br>Approval Signature: | McGill ID <i>(if applicable)</i> :<br><br>Home Institution:<br><br>Program area: |

| Committee Member (2)  |  |
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