

Rehabilitation Sciences Institute

500 University Ave., Toronto, Ontario M5G 1V7 Telephone (416) 978-0300 Facsimile (416) 946-8762

Please Note: Completion of this form confirms that the stated thesis is ready for defense.

FINAL SUPERVISORY COMMITTEE MEETING FOR MSc & PhD

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|------------------------|------------|
| Name of Student: | Signature: |
| Student Number: | Degree: |
| Name of Supervisor(s): | Signature: |
| Committee Member: | Signature: |
| Committee Member: | Signature: |

To be Completed by Committee:

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| <i>Thesis Title/Topic:</i> | |
| Date of Meeting: | Date of Last Meeting: |
| Committee Comments □ | |
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