



UNIVERSITÉ  
SAINT·PAUL  
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## APPROVAL OF PROPOSAL BY THE THESIS COMMITTEE

**Title:**

**Name of candidate:**

My signature attests that I have read the research proposal of thesis project and that I approve it.

### **Director of thesis:**

Name

Faculty

Signature .....

Date .....

### **Thesis Committee members**

Name

Faculty

Signature .....

Date .....

Name

Faculty

Signature .....

Date .....