

# Rehabilitation Sciences Institute

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## APPROVAL TO PROCEED TO ORAL MSc THESIS DEFENSE FOR INTERNAL & EXTERNAL EXAMINERS

**Student's Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**Thesis Title:**

The Written Thesis is:

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**Summary Assessment for Internal and External Examiners:** Feel free to comment on the content of the written submission, the organization and style. If you wish please outline modifications to the thesis that you are recommending.

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**Role:**

Primary Thesis Supervisor

Supervisory Committee Member

Internal Examiner

External Examiner

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Procedure:**

All examiners must submit the APPROVAL TO PROCEED TO MSc THESIS DEFENSE to the RSI office five working days before the scheduled defense.