Thesis Defense Approval Form SFU School of Mechatronic Systems Engineering

Before booking a room for your undergraduate these inse, complete this form and submit it, along with your thesis, to your Academic Supervisor.

Once you have obtained his or **sig**nature and have completed **re v** isions specified below, submit this form to the Undergraduate Program Assistant in the Mechatronics Systems Engineering office to arrange for a time and room for your defense.

| Name: | | Student #: | |
|---|---|---|------------------|
| Thesis Title: | | | |
| Committee Members: | | | |
| | Name | Company/School/D | epartment/Other |
| | Name | Company/School/D | epartment/Other |
| | Name | Company/School/D | epartment/Other |
| Academic Supervisor: | | | |
| Comment upon the readine major revisions are required Please refer the student to Comments: | d, the s turd should resub Communications Fa oul | omit the the tsie foreyou tyyif language is a maj | sign this form). |
| Signature: | | Date: | |
| Review by Communication Comments: | • | ' Yes | ' No |
| Signature: | | Date: | |