

SIGNATURES AND APPROVALS

This form cannot be processed by the Office of Graduate Studies without all required approvals

CANDIDATE:

Have you provided all the necessary information to support this variation request? Yes No

Comments:

Candidate's Signature: _____ Date: _____

SUPERVISOR:

Do you support this variation request? Yes No

Is a minimum grade required? Yes Grade: _____ Not applicable

Comments:

Supervisor's Name: _____

Supervisor's Signature: _____ Date: _____

HEAD OF SCHOOL/NOMINEE:

Do you support this variation request? Yes No

Comments:

Head of School/Nominee Name: _____

Signature: _____ Date: _____

ASSISTANT DEAN RESEARCH TRAINING:

Do you support this variation request? Yes No

Comments:

Assistant Dean Name: _____

Signature: _____ Date: _____