

**GRADUATE STUDIES  
DEPARTMENT OF ANESTHESIOLOGY, PHARMACOLOGY &  
THERAPEUTICS**

**THESIS SUBMISSION APPROVAL FORM**

**NAME OF STUDENT:**

**DEGREE SOUGHT (MSc OR PhD):**

**TITLE OF THESIS:**

I have received the signed "THESIS TEXT APPROVAL FORMS" from the supervisory committee members and the supervisor. The thesis can now be submitted.

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SIGNATURE OF GRADUATE ADVISOR/GRADUATE SECRETARY

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DATE

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