



UNIVERSITY OF SASKATCHEWAN

College of Graduate and Postdoctoral Studies

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GPS 404
Final Thesis Confirmation Form

College of Graduate and Postdoctoral Studies

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Once completed, this form must be submitted by students who have successfully defended their thesis. The form should be uploaded in the "Upload Additional Files" section on the ETD site when a student is ready to upload their final document. Carefully review each of the statements below to confirm you have formatted your document correctly and taken all the necessary steps to prepare the final version.

- 1. The thesis I am submitting conforms to the thesis formatting requirements as outlined by the CGPS at https://students.usask.ca/graduate/thesis-preparation.php.
2. The thesis I am submitting is the version approved by my examination committee and thesis supervisor(s).
3. I have confirmed that the thesis title as entered into the ETD site is correct and error-free (this thesis title will also be added to your official transcript)
4. I confirm that the following statements on copyright are true and accurate:
a) The thesis or dissertation I am submitting does not infringe copyright or other intellectual property rights of any other person.
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5. I acknowledge that submitting my thesis to the CGPS is only partial fulfillment of my graduation requirements. I understand that I must complete all graduation requirements for my degree program, and apply to graduate through PAWS.

Student Declaration

I have read, understood, and agree to the above statements.

Rima

Digitally signed by Rima
Date: 2021.09.28 10:00:36 -06'00'

Student Signature

Rima Bouslama

Student Name

11262951

Student Number

09/28/21

Date

Supervisor(s) Declaration

I/we have reviewed this thesis, confirm it conforms to the CGPS formatting requirements, and approve it for submission:

[Handwritten Signature]

Supervisor Signature

Grant Ferguson

Supervisor Name

[Handwritten Signature]

Supervisor Signature

Jennifer McIntosh

Supervisor Name

[Empty Signature Box]

Supervisor Signature

[Empty Name Box]

Supervisor Name