



Appendix 2

Authorization Form for Departmental Support Services

to charge the Library and Archives for one (1) copy of the thesis below.

Date: _____

Name: _____

Department: _____

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Faculty Advisor Authorization

I certify that the above thesis was completed and accepted by the Department of _____ as a partial requirement for the following degree:

B.A. Honours degree or Honours certificate

B.Sc. Honours degree or Honours certificate

B.Comm. Honours degree or Honours certificate

M.Sc.

Signature: _____

(To be completed at Departmental Support Services)

One copy to be purchased by the Ralph Pickard Bell Library.

Cost to equal charges of reproduction/photocopying and binding.

AMOUNT: _____