
UNDERGRADUATE THESIS AGREEMENT FORM
FACULTY OF MATHEMATICS & STATISTICS

THIS AGREEMENT MUST BE COMPLETED AND APPROVED BY ALL SIGNATORIES.

STUDENT

Name: _____ UNBC ID #: _____

Address: _____

Phone: _____ Major: _____

Program: _____ Email: _____

THESIS SUPERVISOR

Name: _____ Phone #: _____

Program: _____ Fax#: _____

E-mail: _____ Room #: _____

THESIS EXAMINER

Name: _____ Phone #: _____

Program: _____ Fax#: _____

E-mail: _____ Room #: _____

CHAIR

Name: _____ Phone #: _____

Program: _____ Fax#: _____

E-mail: _____ Room #: _____

THESIS TITLE AND TOPIC

Proposed Title: _____

Proposed Topic: _____

DUE DATES

Due Date of Thesis/Report Proposal: _____

Due Date of Final Thesis/Report: _____

Date of Thesis Presentation: _____

SIGNATURES

As parties to this agreement, we accept the information and conditions stated on this form:

Student Name: _____

Student Signature: _____ Date: _____

Thesis Supervisor: _____

Supervisor Signature: _____ Date: _____

Thesis Examiner: _____

Thesis Examiner's Signature: _____ Date: _____

Chair Name: _____

Chair Signature: _____ Date: _____

**IF THERE ARE ANY MAJOR CHANGES TO THE THESIS TOPIC OR DUE DATE,
A NEW AGREEMENT FORM MUST BE COMPLETED.**