

Proposed Advisory Committee Form

Surname:	Given Name:
Program:	
Start Date:	
Indicate for each supervisor if they a Supervisor (circle one)	are Primary, Co-supervisor or Joint
Primary/co/Joint Supervisor	
Primary/co/Joint Supervisor	
Thesis Topic:	
Thesis Abstract:	



First Advisory Committee Meeting (Expected Date)	
Advisory Committee Members (including supervisors)	
Name and the DEPT of Committee Member	
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Student's Signature:	
Supervisor's Signature:	
Graduate Chair Signatures:	