**Pathology and Laboratory Medicine**

**Research-based Graduate Programs**

**Thesis Advisory Committee Membership – Approval Form**

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| **Student name:** | Click or tap here to enter text. |
| **Date:** | Click or tap here to enter text. |
| **Supervisor(s):** | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| **Program:** | MSc,  PhD |
| **Program start date:** | Click or tap here to enter text. |
| **Tentative thesis title:** | Click or tap here to enter text. |
| **Research project keywords:** | Click or tap here to enter text. |

**Proposed Thesis Advisory Committee Members:**

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| **Name** | **Department** | **Expertise** |
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*Please return completed form to 4044 Dental Sciences Building (or email* ([pathgrad@uwo.ca](mailto:pathgrad@uwo.ca)).