

## PROPOSED ADVISORY COMMITTEE

Surname:

Given Name:

Program:

Start Date:

Indicate for each supervisor if they are Primary, Co-supervisor or Joint-Supervisor (circle one):

Primary / Co / Joint SUPERVISOR: \_\_\_\_\_

Primary / Co / Joint SUPERVISOR: \_\_\_\_\_

Primary / Co / Joint SUPERVISOR: \_\_\_\_\_

THESIS TOPIC: \_\_\_\_\_

**ADVISORY COMMITTEE MEMBERS (including supervisor(s)):**

NAME AND DEPT OF COMMITTEE MEMBER

SIGNATURE OF COMMITTEE MEMBER

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STUDENT'S SIGNATURE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

GRADUATE CHAIR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_