

## PROPOSED ADVISORY COMMITTEE

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Program: \_\_\_\_\_

Start Date: \_\_\_\_\_

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

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

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

Primary / 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: \_\_\_\_\_