

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

STUDENT'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

GRADUATE CHAIR'S SIGNATURE: _____

DATE: _____