Graduate Student Supervisory Committee

This form must be completed by the end of the first term of the program.

Student Name: _____ Student Number: _____

Program (MSc or PhD): _____ Start Date: _____

Proposed Thesis Title: _____

_____

Supervisory Committee

Supervisor/Co-supervisor: _____ Department: _____

Core/Non-Core: Core

Supervisor/Co-supervisor: _____ Department: _____

Core/Non-Core: Core

Committee Member: _____ Department: _____

Core/Non-Core: _____

Committee Member: _____ Department: _____

Core/Non-Core: _____

Committee Member: _____ Department: _____

Core/Non-Core: _____

Student: _____ Signature: _____ Date: _____

Graduate Coordinator: _____ Signature: _____ Date: _____

** The supervisor(s) and student each receive a copy of this form. Submit the original to the Graduate Coordinator **