



Thesis Topic & Committee

(Supervisor, with student, to complete the form. Forward to Administrative Assistant for approval by the Graduate Coordinator)

Student Name: _____

Student ID: _____

Program: _____

Status: Standard Full-time Flexible Full-time

Estimated date of completion: _____ / _____ Month/Year

Title of Thesis:

Thesis Committee Members:

Supervisor

Co-supervisor *(if applicable)*

Committee Member #1

Committee Member #2

Committee Member #3

Proposed Internal/External Examiner *(if known)*

Student

Date

Supervisor

Date

Graduate Coordinator

Date