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## Master's Thesis 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 *(if no co-supervisor)*

\_\_\_\_\_  
Proposed External Examiner *(if known)*

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Coordinator

\_\_\_\_\_  
Date