



UNIVERSITY  
OF MANITOBA

School of Art

# Selection of Master's Thesis Advisory Committee

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Date Appointed \_\_\_\_\_

**Advisor** \_\_\_\_\_

Co-Advisor (if applicable) \_\_\_\_\_

Committee Member \_\_\_\_\_

Committee Member \_\_\_\_\_

External Committee Member \_\_\_\_\_

Thesis Advisor's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Graduate Chair's (or designate) Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Any changes to this committee (including the Advisor) require approval and a new form.