University of Manitoba

Department of Computer Science

Appointment of Advisory Committee

Part A | To Be Completed by the Advisory Committee

Student Name (LAST, First) _____ Student Number _____

Date _____ Program Start Date _____

Advisor/Co-Advisor:

Name	Department/Unit	Signature
_____	_____	_____
_____	_____	_____

Advisory committee members: The advisory committee must consist of a minimum of three voting members (the advisor/co-advisor have a single vote), at least two of whom must be members of the Faculty of Graduate Studies.

Advisory Committee:

Name	Department/Unit	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part B | To Be Completed by the Department Head/Grad Chair

Dept. Head/Grad Chair _____

Signature _____ Date _____

NOTE: This form does NOT replace the " Master's Thesis Title & Appointment of Examiners" form which must be submitted to FGS prior to the Thesis Defense