



**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

## **Notice Regarding Collection, Use, and Disclosure of Personal Information by the University**

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