



M.Cog.Sc. Supervisory Committee Approval Form

Title of Dissertation

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	NAME	Signature
Student:		
ID:		
Date:		
Supervisor:		
Co-supervisor: (if any)		

Committee Members

MEMBER	Name:	Email:
MEMBER	Name:	Email:

Note: Please refer to the Policy Document and the Graduate Calendar for more information regarding the formation of a supervisory committee. Return the form to Graduate Administrator

Office Use Only

Committee approved by Graduate Supervisor:

Signature:	Date:
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