**Thesis Outline and Graduate Advisory Committee Membership Form**

This form is for new graduate students. The information requested should be submitted to the

Graduate Administrator by the **END** **of you second month in the program**. This form should be completed in consultation with yourSupervisor.

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| Name:  | Date:  |
| Student Number: | Program: MSc PhD  |
| Supervisor: | Co-Supervisor: |

**Thesis Title:**

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| --- |
| ***Thesis Short Description:*** *(200 words or less summarising project outline):* |
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**Graduate Advisory Committee Members**

Each student will have a Graduate Advisory Committee (GAC) that will be chosen by the Supervisor, in consultation with the student. The GAC will meet twice in the first year of the student’s graduate programme. The first meeting must be held by the end of the first term. The second meeting must be held by end of the first year of study. In subsequent years, there will be at minimum one GAC meeting each year (please refer to program specific progression tables). Students will also have GAC meetings prior to their mid-programme defence (PhD only), and permission to write up (MSc and PhD)). The Supervisor and/or GAC may require the student to have more than the minimum once per year GAC meeting, depending on their progress.

**The GAC is composed of the student’s Supervisor and two (for MSc) or three (for PhD) additional faculty members (at least one internal to and one external to the department.** The committee members could have specific expertise in the student’s area of research, or with specific methodologies, or expertise outside the specific area that is deemed of benefit for the student’s progression through the programme.

\*Given the multidisciplinary nature of the department, a substitute GAC member can be found also within Carleton or neighbouring institutions where internal departmental expertise doesn’t exist.

Contact the prospective Committee Members and **attach their emails accepting the role as a member of your committee.**

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| **Committee Member** | **Department & Location** | **Expertise** |
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This completed document must be approved and signed off by the Graduate Advisor.

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| --- | --- |
| Student Signature | Date |
| Supervisor Signature | Date |
| Graduate Advisor Signature | Date |