

Ph.D. Advisory Committee Form

Please deliver signed form to B753 Loeb Building.

The following committee has agreed to advise

\_\_\_\_\_ (Candidate's name - please print) \_\_\_\_\_ (Student number)

on his/her/their in the Ph.D. program in the Department of Sociology and Anthropology at Carleton University subject to the regulations of the Graduate Faculty Board of the University and the Department.

Correspondingly, the Ph.D. Candidate: \_\_\_\_\_ (Signature)

having enrolled in, and been admitted to the program, signifies in the selection and acceptance of these committee members, his/her/their willingness to accept the committees' advice and voluntarily carry out the program of study and the examination which they have jointly formulated.

**COMMITTEE MEMBERS:**

**Supervisor:** \_\_\_\_\_ (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Members: \_\_\_\_\_ (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

*Approval of Graduate Program Coordinator* \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**COMMITTEE CHANGES:**

I \_\_\_\_\_ have **withdrawn** from participate in the above named student's (Signature)

Advisory committee: I \_\_\_\_\_ have **agreed to work** with the above named (Signature)

Ph.D. candidate as a member of the committee identified above. The Supervisor of the committee has been informed and consented to this change.

*Approval of Graduate Programs Coordinator* \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)