

Carleton University

School of Public Policy and Administration

*Thesis Committee Approval Form*

**Student:** \_\_\_\_\_ **ID:** \_\_\_\_\_  
(Last Name) (First Name)

**Email:** \_\_\_\_\_

**Tentative Thesis Title:** \_\_\_\_\_

**Thesis Supervisor:**

\_\_\_\_\_ Department/School: \_\_\_\_\_  
(Last Name) (First Name)

\_\_\_\_\_  
(PhD Supervisor's Signature)

**Supervisor Email:** \_\_\_\_\_

**Thesis Co-Supervisor: (if applicable)**

\_\_\_\_\_ Department/School: \_\_\_\_\_  
(Last Name) (First Name)

\_\_\_\_\_  
(PhD Co-Supervisor's Signature)

**Thesis Committee Members Not Listed above:**

\_\_\_\_\_  
Committee Member Department/School

\_\_\_\_\_  
Committee Member Department/School

\_\_\_\_\_  
Committee Member Department/School