

Carleton University

School of Public Policy and Administration

Thesis Committee Approval Form

Student: _____ **ID: 100** _____
(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