M.A. Research Essay Advisory Committee Form

To be completed in Triplicate:
1 - Graduate Program Supervisor (Original)
2 - MRE Supervisor(s)’ copy
3 - Student’s copy

The following committee has agreed to advise:

_________________________________                      _________________
Candidate (print name)  (Student Number)
on his/her work in the M.A. program in the Pauline Jewett Institute of Women’s & Gender Studies at Carleton University subject to the regulations of the Graduate Faculty Board of the University and the Department.

Correspondingly, the M.A. candidate: ____________________ (Signature) having enrolled in, and been admitted to the program, signifies in the selection and acceptance of these committee members, his/her willingness to accept the committee’s advice and voluntarily carry out the program of study and the examination which they have jointly formulated.

COMMITTEE MEMBERS:

Supervisor: ____________________  ____________________  ____________________
Name (Print)  (Signature)  (Date)

(Co-)Supervisor: ____________________  ____________________  ____________________
(if applicable)  Name (Print)  (Signature)  (Date)

Committee Members (at least one committee member is required):
If the supervisor is NOT appointed to the Institute, then the second reader would normally be a faculty member who is appointed to the Institute.

Second Reader: ____________________  ____________________  ____________________
Name (Print)  (Signature)  (Date)

Other Member: ____________________  ____________________  ____________________
(if applicable)  Name (Print)  (Signature)  (Date)

Approval of Graduate Program Supervisor:
_________________________________                      _________________
Name (Print)  (Signature)  (Date)
COMMITTEE CHANGES:

1. WITHDRAWAL OF COMMITTEE MEMBER:
I, __________________________(Signature), have withdrawn from participation in the above named student’s MA Research Essay Advisory Committee.

2. ADDITION OF COMMITTEE MEMBER:
I, __________________________(Signature), have agreed to work with the above named M.A. candidate as a member of the committee identified above.

Approval of Graduate Program Supervisor:

____________________________  __________________________  __________________________
Name (Print)  (Signature)  (Date)