M.A. Thesis Advisory Committee Form

To be completed in Triplicate:
1 - Graduate Program Supervisor (Original)
2 - Thesis 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):

Member: ____________________________   ____________________________   ____________________________
Name (Print)  (Signature)  (Date)

Member: ____________________________   ____________________________   ____________________________
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I, __________________________ (Signature), have withdrawn from participation in the above named student’s MA Thesis Advisory Committee.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)