

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I, _____(Signature), have withdrawn from participation in the above named student's MA Thesis Advisory Committee.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)