



**Part A | To Be Completed by the Advisory Committee**

Student Name (LAST, First) \_\_\_\_\_ Student Number \_\_\_\_\_

Date \_\_\_\_\_ Program Start Date \_\_\_\_\_

Advisor/Co-Advisor:

Name	Department/Unit	Signature
_____	_____	_____
_____	_____	_____

Advisory committee members: The advisory committee must consist of a minimum of three voting members (the advisor/co-advisor have a single vote), at least two of whom must be members of the Faculty of Graduate Studies. One of these additional members may be from outside the Department of Computer Science.

Advisory Committee:

Name	Department/Unit	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Part B | To Be Completed by the Department/Unit Head**

Department/Unit Head \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This form does NOT replace the " Master's Thesis Title & Appointment of Examiners" form which must be submitted to FGS prior to the Thesis Defense