

**FORM.** The intent of this form is to identify and approve the members of the candidate's supervisory committee.

**PROCEDURE.** Submit this form to the Office of Graduate Studies ([GradStudies@twu.ca](mailto:GradStudies@twu.ca)) within the first 20 months of the student's program.

**POLICY.** [Supervisor and Supervisory Committee \(PhD\)](#), ED April 2024.

**COMPOSITION.** The doctoral supervisory committee must be composed by a minimum of three members.

#### STUDENT INFORMATION

STUDENT NAME	STUDENT ID	EMAIL
PROGRAM OF STUDY		

#### SUPERVISORY COMMITTEE MEMBERS

ROLE	NAME	INSTITUTION/PROGRAM	EMAIL
THESIS ADVISOR			
CO-ADVISOR			
DEGREE COMMITTEE MEMBER			
DEGREE COMMITTEE MEMBER			

#### EXTERNAL SUPERVISORY COMMITTEE MEMBER REQUEST

If requesting consideration for a committee member who is external to TWU, complete the information below.

NOTE: Thesis Advisors must be internal to the program.

NAME	DEGREE	EMAIL
INSTITUTION	CURRENT POSITION	
SUPERVISORY COMMITTEE POSITION REQUESTED <input type="checkbox"/> Co-Advisor <input type="checkbox"/> DEGREE COMMITTEE MEMBER		
JUSTIFICATION FOR NOMINATION/QUALIFICATIONS OF THE NOMINEE		
<input type="checkbox"/> CV attached or <input type="checkbox"/> Bio link provided here:		

#### ENDORSEMENT

We agree to the supervisory committee members as listed above and confirm that the members are policy eligible and willing to comply with policy roles and responsibilities.

_____ Student	_____ Signature	_____ Date
_____ Program Director	_____ Signature	_____ Date
<input type="checkbox"/> Thesis Advisor / <input type="checkbox"/> Co-Advisor	_____ Signature	_____ Date
_____ Co-Advisor (if needed)	_____ Signature	_____ Date

#### FOR USE BY THE OFFICE OF GRADUATE STUDIES ONLY

DATE RECEIVED BY OGS	OGS DETERMINATION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
SIGNATURE	SIGNATORY DATE

