

FORM. The intent of this form is to request an exception to the qualifications of eligibility for the secondary (not lead) co-advisor or other supervisory degree committee member, as required by policy.

INSTRUCTIONS. Programs must submit this form to the Office of Graduate Studies (GradStudies@twu.ca) to request an exception for any supervisory committee member who does not meet policy requirements.

POLICY: [Thesis Supervisory Committee \(Master's\) Policy](#) (ED Sep 2022)

STUDENT INFORMATION

STUDENT NAME	STUDENT ID	STUDENT EMAIL (@MYTWU.CA)
PROGRAM OF STUDY DEGREE		PROPOSED TIMEFRAME FOR DEFENCE (MONTH AND YEAR)
THESIS TITLE		

SUPERVISORY COMMITTEE MEMBER NOMINEE

NAME	INSTITUTION
EMAIL	CURRENT POSITION
JUSTIFICATION FOR NOMINATION/QUALIFICATIONS OF THE NOMINEE	
<input type="checkbox"/> CV attached or <input type="checkbox"/> Bio link provided here:	
PROPOSED SUPERVISORY COMMITTEE ROLE	<input type="checkbox"/> SECONDARY CO-ADVISOR <input type="checkbox"/> SUPERVISORY DEGREE COMMITTEE MEMBER
<input type="checkbox"/> Required attachment: 150-word research proposal or abstract	

FGS PROGRAM CONFIRMATION

The undersigned have reviewed the [Thesis Supervisory Committee \(Master's\) Policy](#) and confirm this application for the above-listed supervisory committee nominee.

_____	_____	_____
Program Director (Name)	Signature	Date
_____	_____	_____
Thesis Advisor (Name)	Signature	Date

OFFICE OF GRADUATE STUDIES USE ONLY

DATE RECEIVED BY OGS _____	OGS DETERMINATION	OFFICE OF GRADUATE STUDIES SIGNATORY	
	<input type="checkbox"/> Approved	Signature	_____
	<input type="checkbox"/> Not Approved	Signatory (Name)	_____
		Date signed	_____

