

**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 advisory degree committee member, as required by policy.

**INSTRUCTIONS.** Programs must submit this form to the Office of Graduate Studies ([GradStudies@twu.ca](mailto:GradStudies@twu.ca)) to request an exception for any advisory 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		

#### ADVISORY 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"/> ADVISORY DEGREE COMMITTEE MEMBER
<input type="checkbox"/> Required attachment: <b>150-word research proposal or abstract</b>	

#### FGS PROGRAM CONFIRMATION

The undersigned have reviewed the [Thesis Supervisory Committee \(Master's\) Policy](#) and confirm this application for the above-listed advisory 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 <input type="checkbox"/> Not Approved	Signature	_____
		Signatory (Name)	_____
		Date signed	_____

