

| OFFICE OF | GRADUATE STUDIES

Supervisory Committee Approval (SCA-MT)

Master's Thesis

A fully executed **Supervisory Committee Approval – Master's Thesis** must be submitted to the Office of Graduate Studies by the student from their <u>@mytwu.ca</u> student email a <u>minimum of six weeks</u> prior to the proposed timeframe for defence. Incomplete forms, attachments, or conditions will not be accepted.

Student name:			Student	ID#:	Student signature:		
Student email:				Degree & Program			
Thesis Title:							
Date of SCA Meeting		Proposed Timeframe	oposed Timeframe for S		goal(s):	Fall goal(s):	
(valid 3 months):		Defence:		Co	nvocation ceremony	Convocation ceremony	
					y conferral	December conferral	
NOTE: If you receive a conferral date but cannot defend prior to that semester's ceremony, you may participate the following semester.							
Attachments:	A 150-wor	A 150-word Abstract.doc must accompany submission of this SCA.					
Conditions:		Student has maintained continuous enrollment in their program of study, with the exception of approved leaves of absences.					
		Student is completing their degree within the time required for degree completion, or has submitted a Request to Extend Time for Degree Completion.					
	complete	Student is currently registered in the semester of the proposed timeframe for defence, and will complete post-defence requirements with that semester or will maintain continuous enrollment until post-defence requirements are completed.					
APPROVAL The undersigned signed approve the above referenced thesis, which was prepared under our supervision, and							

APPROVAL. The undersigned signees approve the above-referenced thesis, which was prepared under our supervision, and confirm that it is ready for defence. We further request approval of the nominee for objective reader.

Program Director (Name, Credentials)	Signature	Email					
SUPERVISORY COMMITTEE MEMBERS							
Supervisor / Co-Supervisor (Name, Cred	entials) Signature	Email					
Co-Supervisor (Name, Credentials), if neede	d Signature	Email					
Additional Supervisory Reader (Name, Credenti	als) Signature	Email					
EXAMINING COMMITTEE MEMBER NOMINEE							
Objective Reader (Name, Credentials)	Institution (No signature	e required) Email					
FOR USE BY THE OFFICE OF GRADUATE STUDIES ONLY							
Date SCA-MT received by the Office of Graduate Studies:							
The Office of Graduate Studies 🗌 approves / 🗌 does not approve the above nominated objective reader.							
 If approved, the supervisor may now deliver the written thesis to the objective reader. 							
 If not approved, reason: 							
Office of Graduate Studies (Name of Authorizat	ion) Signature	Date					
Scheduled defence date:	Exam Chair:	Exam Chair's Program:					