

**Department of Computer Science
Appointment of Thesis M.Sc. Advisory Committee**

Date: _____

Student Name: _____ Student #: _____

Program Start Date: _____

Advisor (and co-Advisor, if any):

Print

Print

Additional members: There must be at least two, and all committee members must be members of the Faculty of Graduate Studies at the University of Manitoba. One of these additional members may be from outside the Department of Computer Science:

Name/Signature	Department
_____	_____
_____	_____
_____	_____

Intended Thesis Topic/Area:

The Department's supplemental regulations for the Thesis M.Sc. program indicate that M.Sc. advisory committees are required only for students starting the program after February 2011. If this is a student with an earlier start date, the student's signature below indicates their desire to follow these new regulations voluntarily. This affects both student progress reports and the evaluation of the student's thesis proposal.

Student Signature: _____

This form must be circulated to the Graduate Studies Committee for consultation before approval by the Department Head. The Head's signature below attests that this has been done.

Head's Signature: _____ Date: _____

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