

Program directors must submit this form to the Office of Graduate Studies (GradStudies@twu.ca) to request approval for any supervisory committee participant who is not a member of TWU's Faculty of Graduate Studies. To be considered, the non-TWU and/or non-FGS nominee must meet all other supervisory committee member qualifications listed in the [Thesis Supervisory Committee \(Master's\) Policy](#). If consideration of additional qualification exceptions is being requested, the program must attach a memo describing and justifying the exceptions.

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

STUDENT INFORMATION

STUDENT NAME	STUDENT ID#	STUDENT SIGNATURE
PROGRAM OF STUDY DEGREE		STUDENT EMAIL (@mytwu.ca)
THESIS TITLE		
EXPECTED DATE OF THESIS COMPLETION (term/year):		PROPOSED TIMEFRAME FOR DEFENCE (term/year):

SUPERVISORY COMMITTEE MEMBER NOMINEE

NOMINEE NAME	NON-TWU INSTITUTION OR NON-FGS PROGRAM
NOMINEE EMAIL	CURRENT POSITION
JUSTIFICATION FOR NOMINATION/QUALIFICATIONS OF THE NOMINEE	
PROPOSED SUPERVISORY COMMITTEE ROLE	<input type="checkbox"/> SECONDARY CO-SUPERVISOR <input type="checkbox"/> SECOND READER

ATTACHMENTS REQUIRED

- A 150-word research proposal or abstract.
- If a non-TWU nominee, the nominee's CV or link to CV here: _____
- If additional exceptions are being requested, justification memo is attached.

FGS PROGRAM CONFIRMATION

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

 Thesis Supervisor or Lead Co-Supervisor (Name) Signature Date

 Program Director (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	_____

