



MMSc Thesis Advisory Committee Meeting Form

STUDENT – PLEASE COMPLETE THE FOLLOWING FIELDS IN TYPE. SUBMIT SIGNED FORM TO CANVAS RESEARCH HUB.

Name of Student and Program: _____

Research Mentor Name, Academic Title and Affiliation: _____

Project Title: _____

Meeting Date: _____

Meeting Number (Circle One): **ONE** **TWO** **THREE**

Name and **FULL** Academic Title
Committee Member 1 (Chair)

Signature

Name and **FULL** Academic Title
Committee Member 2

Signature

- APPROVE THESIS PROPOSAL AS IS
- APPROVE THESIS PROPOSAL WITH THE FOLLOWING RECOMMENDATIONS **(TO BE COMPLETED BY COMMITTEE CHAIR)**: