

Date: _____

► Formation of this defense committee

Student Name:
Thesis Supervisor:
1st Reader:
Program:
Thesis Title :

Student ID:
Co-Supervisor:
2nd Reader:

To be filled by thesis supervisor and submitted to program director

Defense committee members:

Thesis supervisor:

Name	Affiliation
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Co-supervisor – if applicable:

Name	Affiliation
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Reader/examiner 1:

Name	Affiliation
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Reader/examiner 2:

Name	Affiliation
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Thesis Supervisor Signature

