**Thesis Proposal & Supervisory Committee Approval Form**

*(check if this is a revision to thesis proposal \_\_\_\_\_ or the Supervisory Committee \_\_\_\_\_)*

Submit to the Graduate Program Coordinator no later than the beginning of the final semester of the program, unless an earlier deadline is specified by the program. **NOTE:** A new form MUST be filed if there are changes to approved thesis proposal; or the Supervisory Committee.

**Student Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TRU E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Enrolment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thesis title** (may be tentative)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| q | Attach a copy of the approved thesis proposal by the Supervisory Committee. |
|  |  |
| q | Attach a copy of all compliance approvals | OR | q | Compliance approvals not required. |

Compliance approvals include internal protocols from TRU compliance committees (Human Ethics, Animal Care, Biosafety), and any external approval required by other agencies such as sampling approvals for National Parks, Environmental Impact approvals, Indigenous community consent and approvals from School Boards, Interior Health, etc. **Research must not begin until all approved protocols are on file.**

**Supervisory Committee**

Normally, the supervisory committee must consist of at least three members, inclusive of the supervisor (and co-supervisor if applicable), drawn from the list of approved TRU graduate supervisors. At least one committee member must be associated with an academic discipline outside the student’s area of specialization.

 **Name (print/type) Signature Date**

Supervisor

Co-supervisor (if applicable)

Supervisory Committee Member

Supervisory Committee Member

Supervisory Committee Member

Affiliate Committee Member

# Affiliate Member Information *(if needed)*

If the proposed thesis supervisory committee includes an Affiliate Committee Member, please complete the following information for review. It is expected that the Supervisor will have contacted the nominee to confirm their availability prior to submitting this nomination form.

Nominee’s Name:

Institution: Position:

Email: Telephone Number:

1. The Affiliate nominee’s CV, bio sketch, or equivalent (webpage with URL if site is comprehensive)
2. A summary of the Affiliate Committee Member’s qualifications explaining how the individual meets the criteria for Affiliate Committee Member, including:
* they are an expert in a particular field; and/or
* they can draw on experiential knowledge.

**Approvals**

Student Signature: Date:

*I have read and agree to the thesis proposal, Supervisor and Supervisory Committee*.

Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

*On behalf of the Supervisory Committee, the thesis proposal is approved*

Program Coordinator Signature: Date:

AVP Graduate Studies & Research Signature: Date:

*Distribution: Original with Office of Graduate Studies; copies to the student, Supervisor and Program Coordinator.*