# MASTER’S STUDENT—Thesis Committee Membership/Notice of Change

# Student Details:

First name:        
  
Last name:        
  
WLU ID:        
  
Laurier Email:        
  
Program (i.e. MSc Geography):

# Part 1: To be Completed by Student

**Complete Part 1 of this form, print and sign it and forward it to your Graduate Coordinator for your program.**

Provide the names of your thesis advisory committee (TAC) members (Last name, First name):

Advisor Last name:       First name:        
  
Committee Member 1 Last name:       First name:        
  
Committee Member 2 Last name:       First name:        
(if applicable)  
Committee Member 3 Last name:       First name:        
(if applicable)

## Notice of Change

Provide the names of your **new** thesis advisory committee (TAC) members (Last name, First name):

Advisor Last name:       First name:        
  
Committee Member 1 Last name:       First name:        
  
Committee Member 2 Last name:       First name:        
(if applicable)  
Committee Member 3 Last name:       First name:        
(if applicable)

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Student’s signature:        
  
Date:

# Part 2: Committee Membership Approval—to be completed by the Graduate Coordinator

By signing below, the **graduate coordinator** verifies that each member of the committee (listed above) had Graduate Faculty Status and is thereby eligible to serve on this committee.

Graduate Coordinator’s signature:        
  
Date: