**MSc Advisory Committee**

Date:

Student Name:

Student Number:

Start date in the graduate program:

Course Requirements from Supervisor (if applicable):

Thesis Supervisor:

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| --- | --- | --- | --- |
| Name | Department | Signature  | email |
|  |  |  |  |

Other Members of the Advisory Committee:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Department | Signature | email |
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