Athabasca University
Faculty of Science and Technology

Master of Science - Computing and Information Systems

Project Supervisory Committee Approval Form

Student and Project Information:

Student Name:

Student ID:

Email:

Signature:

Project Title:

Date:

Note: The project supervisory committee consists of a minimum of two people, which includes the supervisor. The supervisor shall be the chair of the committee and will normally be from the student's academic unit. The other committee members may include the sponsor (if applicable) and co-supervisors (if applicable), or one FST faculty member.

Committee Members' Information and Signatures

I, the undersigned, have reviewed and approved the project proposed as named above, and agree to be a member of the student's Project Supervisory Committee.

Supervisor

Name:

Organization:

Email:

Signature:

Date:

Sponsor/Co-Supervisor (if applicable)

Name:

Email:

Organization:

Job Title:

Signature:

Date:

Member 1 (if applicable)

Name:

Email:

Organization:

Job title:

Signature:

Date:

Member 2 (if applicable)

Name:

Email:

Organization:

Job title:

Signature:

Date:

Program Director Approval

I agree with the names as members of the supervisory committee.

Program Director Designate

Name:

Signature:

Date:

The personal information collected on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. This information will be used by staff of the Faculty of Science and Technology to document Master's Supervisory Committee. If you have any questions about the collection or use of this information, contact the Faculty of Science and Technology at fst_grad_success@athabascau.ca.