Athabasca University
Faculty of Science and Technology

Master of Science - Computing and Information Systems

Project Examination Committee Approval Form

Student and Project Information:

Student Name:

Student ID:

Email:

Signature:

Project Title:

Date:

Note: The master's project examination committee is normally comprised of all members of the supervisory committee plus 1 faculty member at arm's length. A faculty member who served in the project proposal review and examination can also serve as the faculty member at arm's length.

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 Name:

Email:

Organization:

Job title:

Signature:

Date:

Member 2 (if appliable)

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.