

Brock University

Composition of Supervisory Committee

Student Name: _____

Student #: _____

Working Title and Brief Description of Thesis:

Supervisor:

Name

Signature

Date

Second Committee Member:

Name

Signature

Date

Third Committee Member

Name

Signature

Date

Please submit completed form to the Administrative Assistant in GSB 341 or to the Goodman Portal (<https://portal.bus.brocku.ca>) by April 30.

OFFICE USE ONLY:

Associate Dean Signature

Date