



Surname: _____ Given Name(s): _____

ID Number: _____

Student's wishing to replace a member of the MASc Advisory Committee must complete this form. The supervisor(s) along with the original committee member will appoint a person to replace the original member. The replacement will read the thesis and attend the defence as a full committee member.

Reason for replacement:

_____	_____	_____
Original member's name	Original member's signature	Date

_____	_____	_____
Replacement member's name	Replacement member's signature	Date

Approvals: the supervisor(s) and the Director of the Biomedical Engineering Graduate Program verify and agree to the above change in the Advisory Committee.

_____	_____	_____	_____
Candidate's supervisor signature (1)	Date	Candidate's supervisor signature (2)	Date

_____	_____
Director, Biomedical Engineering Graduate Program	Date