



Surname: _____ Given Name(s): _____

Current Term: _____ ID Number: _____

Supervisor(s): _____

Defence Title: _____

Advisory Committee Membership:

Supervisor(s) plus two University of Waterloo faculty members of which at least one must be a BME graduate faculty member (internal), and one must not be a BME graduate faculty member (internal/external). ***All members of the committee must be present at the defence.***

It is expected that your committee will remain with the same committee members who were approved for your Thesis Proposal. If your committee has changed, please contact the Academic Services Coordinator – BME Grad to complete the MASc Committee Membership Replacement form.

Full Name	Member Type	BME Grad Faculty	Adjunct	Remote Participation
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____

Approved by the Director of Biomedical Engineering Graduate Program:_____
Signature, Director of Biomedical Engineering Graduate Program_____
Date**The MASc Defence is scheduled for:**_____
Day of Week_____
Month_____
Day_____
Year_____
Time_____
Location