



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 is a BME graduate faculty member (internal), and one who is not a BME graduate faculty member from the student’s supervisors’ home department (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	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