

Thesis Proposal Approval Form

Submit to the Office of the Vice-President Research no later than the beginning of the final semester of the program, unless an earlier deadline is specified by the program.

- This form officially records the graduate student’s thesis proposal and supervisory committee.
- Separately attach the thesis proposal and any compliance approvals.
- A new form **MUST** be filed if there are changes to the approved thesis proposal.

Student Identification

Name: _____

I.D. Number: _____ E-mail address: _____

Program: _____

Start date: _____ Intended completion date: _____

Supervisory Committee

Normally, the supervisory committee must consist of at least three members, inclusive of the supervisor (and co-supervisor if applicable), drawn from the list of approved TRU graduate supervisors. At least one supervisory committee member must be associated with an academic discipline outside the student’s area of specialization.

	Name (print/type)	Signature	Date
Primary Supervisor	_____	_____	_____
Co-supervisor (if applicable)	_____	_____	_____
Supervisory Committee Member	_____	_____	_____
Supervisory Committee Member	_____	_____	_____
Supervisory Committee Member	_____	_____	_____
Affiliate Committee Member <small>(Appendix A is required)</small>	_____	_____	_____

Thesis Title (may be tentative): _____

- Attach a copy of the approved thesis proposal.
- Attach a copy of all compliance approvals OR Compliance approvals not required.

*Compliance approvals include internal protocols from TRU compliance committees (Human Ethics, Animal Care, BioSafety), and any external approval required by other agencies such as sampling approvals for National Parks, Environmental Impact approvals, Indigenous community consent and approvals from School Boards, Interior Health, etc. **Research may not begin until all approved protocols are on file.***

Approvals

I have read and agree to the thesis proposal, Supervisor and Supervisory Committee.

Student Comments: _____

Student Signature: _____ Date: _____

Program Coordinator Comments: _____

Program Coordinator Signature: _____ Date: _____

Office of Research & Graduate Studies Comments: _____

Vice-President Research Signature: _____ Date: _____

Distribution: Original with Office of the Vice-President Research; copies to the student, Supervisor and Program Coordinator.

Appendix A – Affiliate Committee Member Nomination

If the proposed thesis supervisory committee includes an Affiliate Committee Member, please complete the following information for review. It is expected that the Primary Supervisor will have contacted the nominee to confirm their availability prior to submitting this nomination form.

Student Identification

Name: _____

Student ID: _____

Affiliate Member Nomination

Nominee's Name: _____

Institution (as appropriate): _____ Position (as appropriate): _____

Email: _____ Telephone Number: _____

Please Attach:

1. The Affiliate nominee's CV, bio sketch, or equivalent;
2. A summary of the Affiliate Committee Member's qualifications explaining how the individual meets the criteria for Affiliate Committee Members, including:
 - is an expert in a particular field; and/or
 - is able to draw on experiential knowledge.

Approvals

Supervisor's Signature _____ Date _____

Program Coordinator's Signature _____ Date _____

Vice-President Research's Signature _____ Date _____

Distribution: Original with Office of Vice-President Research (gradstudies@tru.ca); copies to Supervisor and Graduate Program Coordinator.