

Concordia **UNIVERSITY**

Date: _____

Department of Exercise Science
Program of M.Sc. in Exercise Science
Alain Leroux, Graduate Program Director

Choice of Thesis Supervision Committee

1. Student

Name	
ID #	
Current semester into the program	
Choice of advisor	
Thesis topic	
Signature	

2. Members of the Graduate Supervision Committee for student in 1.

	Supervisor	Internal member 1	Internal or external member 2
Name			
Department			
Address			
Signature			

To be filled and given to the Graduate Program Director before the end of the first year of study.

This Supervisory Committee will become the candidate's Thesis evaluation Committee.

Signature of approval by the Graduate Program Director:

Date: _____