

**Please complete and attach this sheet to your proposal.**

**Interdisciplinary Studies  
Proposal Coversheet**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Student Number (if known): \_\_\_\_\_

**List of Proposed Courses (minimum 15 credit hours of course work):**

SUBJECT	NUMBER	CREDITS	TITLE	Indicate (✓) courses to be taken in the 1st semester of studies (minimum 2)
IDIS	798 / 799	12	798 - MSc Thesis (circle the appropriate course) 799 - MA Thesis	

Please explain how selected courses relate to the program of study:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned agrees to supervise the above named student and has read their proposal.

**Thesis Supervisor:** \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Co-Supervisor (if applicable):** \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chair's names and signature from each indicated subject area:

Name/Program: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Program: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Program: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisory Committee Members:** Normally, a supervisory committee consists of at least 3 faculty members. The undersigned agrees to be a member of the supervisory committee for the above named student.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Should any of these courses be unavailable or cancelled it is the responsibility of the supervisor in conjunction with the student to provide documentation to the Office of Graduate Studies concerning the replacement courses**