

**Laurentian University**

**Department of Mathematics & Computer Science**

**M.Sc. in Computational Sciences**

**Research Project and Advisory Committee Selection Form**

Name: \_\_\_\_\_

Research Project: \_\_\_\_\_

\_\_\_\_\_

**Principal Supervisor:** \_\_\_\_\_

Signature of Principal Supervisor: \_\_\_\_\_

Co-supervisor (if applicable): \_\_\_\_\_

Signature of Co-supervisor (if applicable): \_\_\_\_\_

Other Advisory Committee Members: \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_

1. The Advisory Committee should consist of minimum 3 members.
2. This form must be returned to the Graduate Coordinator within four months of initial registration into the program.