

Please return this form by Service request

## STUDENT IDENTIFICATION

NAME OF THE STUDENT

STUDENT #

NAME OF THE SUPERVISOR

NAME OF THE CO-SUPERVISOR

## PROGRAMME D'ÉTUDES SUPÉRIEURES

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> MSc (accelerated) | <input type="checkbox"/> BIOLOGY   |   |
| <input type="checkbox"/> MSc               | <input type="checkbox"/> CHEMISTRY | <input type="checkbox"/> MATHEMATICS AND STATISTICS |
| <input type="checkbox"/> PhD               | <input type="checkbox"/> PHYSICS   | <input type="checkbox"/> EARTH SCIENCES             |

THIS SECTION MUST BE COMPLETED BY THE STUDENT AND/OR THE SUPERVISOR

### NAME OF THE MEMBERS OF THE THESIS ADVISORY COMMITTEE (RECOMMENDED 2 (M.SC.) – RECOMMENDED 3 (PH.D.) – MAXIMUM OF 4 MEMBERS)

NAME	PHONE NUMBER	SIGNATURE
NAME	PHONE NUMBER	SIGNATURE
NAME	PHONE NUMBER	SIGNATURE
NAME	PHONE NUMBER	SIGNATURE

## SIGNATURES

SIGNATURE (STUDENT)	DATE (JJ-MM-AAAA)		
SIGNATURE (SUPERVISOR)	DATE (JJ-MM-AAAA)	SIGNATURE (CO-SUPERVISOR)	DATE (JJ-MM-AAAA)
SIGNATURE (DIRECTOR OF GRADUATE STUDIES)	DATE (JJ-MM-AAAA)		