



Office of Graduate Studies

Section A: Advisory Committee Appointment

Last Name: _____
 Student ID: _____
 Department/School: _____

First Name: _____
 Degree Program: _____

The Advisory Committee Appointment (Section A) and the Program of Study (Section B) must be submitted together to The Office of Graduate Studies before the 20th class day of the student's second registered semester. The student's registration will be blocked if both forms are not submitted. If the committee membership changes, a new Advisory Committee Appointment (Section A only, pages 1-3) must be submitted. For more information, please refer to the Graduate Calendar.

First Submission Revision only

COMMITTEE MEMBERS:

For a **Master's** Program, the Advisory Committee must consist of **at least two** (three for **MFA** program) Graduate Faculty members. For **PhD** and **DVSc** programs, the Advisory Committee must consists of a **minimum of three** Graduate Faculty members and it is **recommended that one be from outside the student's home department**.

	Name	Department/School/ or affiliation of non- university personnel	Colleague ID#	Graduate Faculty Category	Graduate Faculty Nomination
Advisor**:	_____	_____	_____	<input type="checkbox"/> Regular	<input type="checkbox"/> Approved <input type="checkbox"/> Submitted
Co-advisor:	_____	_____	_____	<input type="checkbox"/> Regular <input type="checkbox"/> Associated	<input type="checkbox"/> Approved <input type="checkbox"/> Submitted

****Primary advisors (ADV1) must be Regular Graduate Faculty. Co-advisors will be added as ADV2 in Colleague.**

Member:	_____	_____	_____	<input type="checkbox"/> Regular <input type="checkbox"/> Associated <input type="checkbox"/> Special	<input type="checkbox"/> Approved <input type="checkbox"/> Submitted
Member:	_____	_____	_____	<input type="checkbox"/> Regular <input type="checkbox"/> Associated <input type="checkbox"/> Special	<input type="checkbox"/> Approved <input type="checkbox"/> Submitted
Member:	_____	_____	_____	<input type="checkbox"/> Regular <input type="checkbox"/> Associated <input type="checkbox"/> Special	<input type="checkbox"/> Approved <input type="checkbox"/> Submitted
Member:	_____	_____	_____	<input type="checkbox"/> Regular <input type="checkbox"/> Associated <input type="checkbox"/> Special	<input type="checkbox"/> Approved <input type="checkbox"/> Submitted
Member:	_____	_____	_____	<input type="checkbox"/> Regular <input type="checkbox"/> Associated <input type="checkbox"/> Special	<input type="checkbox"/> Approved <input type="checkbox"/> Submitted
Member:	_____	_____	_____	<input type="checkbox"/> Regular <input type="checkbox"/> Associated <input type="checkbox"/> Special	<input type="checkbox"/> Approved <input type="checkbox"/> Submitted

GRADUATE FACULTY

Only members of Graduate Faculty (including Associated and Special Graduate Faculty) may serve on graduate student advisory committees. In order to nominate a potential committee member to graduate faculty, a Nomination to Graduate Faculty form must be submitted by the Department Chair/Director or Graduate Coordinator, along with a **recent C.V. which should include education, experience, scholarly publication and any prior involvement in graduate education.** See the [Graduate Faculty Nomination Form](#) for more details.

REQUIRED SIGNATURES (see also reverse):

Advisor: _____ Date: _____

Co-Advisor (if applicable): _____ Date: _____

Graduate Coordinator: _____ Date: _____

Student: _____ Date: _____

Approved for Assistant VP Graduate Studies: _____ Date: _____

PROGRAM REQUIREMENTS

It is understood that, once the advisory committee has been established, the student and committee will plan the student's program and course requirements. **By signing below, the advisor and student agree to follow the minimum university course credit requirements as set out below:**

MINIMUM COURSE CREDITS

Please note that the minimum total credit load for prescribed courses for a Master's degree is as follows:

- for a **degree by thesis** = 1.5 credits (graduate courses only)
- for a **degree by coursework/major paper** = 3.5 credits (OCGS by-laws permit a maximum of 1/3 of the credits from senior undergraduate courses)

Some programs may have higher requirements; see guidelines in the Graduate Calendar for specific programs. Minimum credit load for **DVSc** program = 2.5 credits (graduate courses only).

Undergraduate courses taken in graduate programs must be in addition to the minimum credit requirements shown above.

If courses taken prior to entry to the graduate program are being recommended for transfer credits, an "Application for Transfer Credits" form must be submitted.

Please keep in mind that every course taken while registered in a graduate program will be part of the graduate record and will be calculated in the GPA (average).

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Protection of Privacy: We are committed to protecting your privacy. Personal information is collected under the authority of the University of Guelph Act and pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA). If you have questions about the use and disclosure of your personal information, call the [Office of Graduate Studies](#) at (519) 824-4120 ext. 56833. You can also find more information about access to information and protection of privacy at the University of Guelph from the [University Secretariat](#).

In addition to the 'prescribed courses' listed above, the candidate may undertake to achieve satisfactory standings in ancillary courses supportive of the special discipline. These courses may be at either the undergraduate or the graduate level. The standings obtained in them will be included in the student's overall average grade. It is understood that passing grades (minimum 65%) will be required in all additional courses. Please list additional courses below.

Course Code	Course Title	Credit Value

Required Signatures:

Primary Advisor's Signature: _____ Date: _____

Co-Advisor's Signature: _____ Date: _____

GraduateCoordinator's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

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