

**MASTERS OF ARTS IN INDIGENOUS GOVERNANCE  
SUPERVISORY COMMITTEE  
MEMBERSHIP**



Student Name: \_\_\_\_\_  
Student Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**IGOV 598 – Community Governance Project**

Topic: \_\_\_\_\_

**Supervisory Committee Members**

Academic Supervisor

(IGOV Faculty & Member of University Faculty of Graduate Studies)

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

Signature: \_\_\_\_\_

Community Supervisor

(A current resume and short biography must be attached. Will become Associate Member of University Faculty of Grad Studies for duration of project)

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

Signature: \_\_\_\_\_

Additional Member (optional)

(Added to the committee with approval of the FGS Dean)

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

Signature: \_\_\_\_\_

**NOTE: This form must be completed and returned to the Program before commencing you CGP  
\*\*\*\*Academic Supervisor must approve committee members\*\*\*\***