

Department of Pharmacology and Therapeutics

Student Information

Département de pharmacologie et de thérapeutique

This form is to be completed by master and/or doctoral students in consultation with their graduate supervisors following the formal establishment of the students' Thesis Advisory Committee which is to be finalized and form submitted by end of their first semester of the first master/doctoral year. This form may also be used to report a change in committee composition, throughout their degree progression. Committee Composition must conform to the GRATUADE TRAINING PROGRAM of Pharmacology & Therapeutics.

Student First Name:	Student Last Name:	
McGill ID:	Email Address:	
Program:	Research Area:	
	(optional)	
Signature:		
Please check one:	□ Establishment of Committee Composition	□ Change to Committee CompositionGraduate
Graduate Thesis Superviso	or	
Full Name/Title:	Institution/Dept:	
Date added:	Signature:	
The following individuals have agreed to serve on the graduate supervisory committee of the student listed above: Graduate Thesis Co-Supervisor (If applicable)		
·	visor (if applicable)	
Full Name/Title:	Institution/Dept:	
Date added:	Signature:	
Committee Member(1)/Advisor		
Full Name/Title:		T
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Date added:	Signature:	
Committee Member (2)		
Full Name/Title:	Institution/Dept:	
Date added:	Signature:	
Committee Member (3)		
Full Name/Title:	Institution/Dept:	
Date added:	Signature:	
		