

McGill University

Department of Anthropology

PhD Supervisory Committee Member Form

PLEASE PRINT & SIGN

Student ID#: _____

Student Name (please print): _____

Signature: _____

Supervisor Name (please print): _____

Signature: _____

Committee Member #1 or co-Supervisor (Print Name):

Signature: _____

Committee Member #2 (not mandatory) Print Name:

Signature: _____

Email Signed forms to: Graduate Program Coordinator