ECP Doctoral Supervisory Committee Form

This form is to be completed by ECP doctoral students in consultation with their research supervisors following the formal establishment of the students' doctoral supervisory committee which is to be finalized and form submitted by **August 31st of their first 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 ECP Graduate Supervision Policy as well as the ECP Guidelines for Doctoral Dissertation Preparation and Supervisory Committee Responsibilities.

Student Information

Student First Name:		**Student Last Name:**	
McGill ID:		**Email Address:**	
Degree and level of study:	Please select	**Program:**	Please select
Research Topic: *(optional)*		**Signature:**	

Please check one: ○ **Establishment of Committee Composition** ○ **Change to Committee Composition**

The following individuals have agreed to serve on the doctoral supervisory committee of the student listed above:

ECP Research Supervisor

Full Name, Title:		**ECP Program area:**	Please select
McGill ID:		**Email Address:**	
Date Added:		**Signature:**	

Research Co-Supervisor *(if applicable)* *Co-Supervision by those external to ECP must also hold an academic appointment in the unit*

☐ **Check if non-McGill external member**		**If non-McGill, specify institution:**	
Full Name, Title:		**Dept./Program:**	
McGill ID:		**Email Address:**	
Date Added:		**Signature:**	

Committee Member (1)

Full Name, Title:		**McGill ID** *(if applicable)*:	
Email Address:		**Home Institution:**	
Department:		**Program area:**	
Date Added:		**Signature:**	

Committee Member (2)

Full Name, Title:		**McGill ID** *(if applicable)*:	
Email Address:		**Home Institution:**	
Department:		**Program area:**	
Date Added:		**Signature:**	