

This form is to be completed by an ECP doctoral students' doctoral supervisory committee members upon successful completion of their dissertation proposal defense.

Student Information	
Student First Name: McGill ID: Degree and level of study: Date/Time of Defense: Title of Dissertation Proposal:	Student Last Name: Email Address: Program: Location of Defense: <div style="text-align: right; padding-right: 10px;">Signature:</div>

NOTE: The undersigned confirm that the abovementioned student has successfully defended their PhD Dissertation Proposal at a formal meeting of the PHD Supervisory Committee, for which they were in attendance. The undersigned agree that the above-mentioned student may proceed with the dissertation as proposed with any recommended changes. Changes requested by the committee will be noted by the supervisor and distributed for approval by committee members and included with the proposal.

ECP Research Supervisor	
Full Name, Title: McGill ID: Date (mm/dd/yyyy):	ECP Program area: Email Address: Approval Signature:

Research Co-Supervisor <i>(if applicable)</i>	
Full Name, Title: McGill ID: Date (mm/dd/yyyy):	Dept/Program/ Institution: Email Address: Approval Signature:

Committee Member (1)	
Full Name, Title: Email Address: Department: Date (mm/dd/yyyy):	McGill ID <i>(if applicable)</i> : Home Institution: Program area: Approval Signature:

Committee Member (2)	
Full Name, Title: Email Address: Department: Date (mm/dd/yyyy):	McGill ID <i>(if applicable)</i> : Home Institution: Program area: Approval Signature: