

This form is to be completed by 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: Exact Thesis Title :	Student Last Name: Email Address: Program: <div style="text-align: right; padding-right: 10px;">Signature:</div>

NOTE: By signing this form, you are confirming that the student has successfully completed their dissertation proposal defense:

ECP Research Supervisor	
Full Name, Title: McGill ID: Approval Signature:	ECP Program area: Email Address:

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

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

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