## COMPOSITION OF THESIS AND COMPREHENSIVE COMMITTEES

Student Name:
Program: M.Sc.Ph.D.

## Guidelines regarding committee members:

For Annual Thesis Committee Meetings: The committee is composed of 4 members*:

1. Student's supervisor (all co-supervisors, if applicable, count as 1 person)
2. Academic Advisor (Chair of the meeting)
3. Committee Member \#1 (internal or external to Department of Medicine)
4. Committee Member \#2 (internal or external to Department of Medicine)

Committee members are chosen for their knowledge in the field of the student's project so that they can help with the thesis work.
*Please note: The Division of Experimental Medicine requires that all members of thesis committee meetings hold a full-time academic position. Managers or directors of core faculties that support academic faculty, as well as postdoctoral fellows, cannot serve as members of thesis committees.

For the Comprehensive Oral Examination (for those students in the Ph.D. program only): The oral committee only differs from the ongoing thesis committee in having one (1) more member, which must be from the outside of the Department of Medicine. This ensures impartial assessment of the student's performance:
5. Committee Member \#3 (external to Department of Medicine)

In the case of Ph.D. students, all five (5) members should be nominated at this time.
Please contact the members named below prior to submitting the form to the department in order to ascertain that they are willing to act as committee members. Also, please make sure that student, supervisor(s) and academic advisor have signed below.

Proposed Committee Members:

|  | Name and University Affiliation* | E-Mail | Telephone \# |
| :--- | :--- | :--- | :--- |
| 1. | Supervisor: |  |  |
|  | Co-Supervisor (if applicable): |  |  |
|  | Academic Advisor: |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| *Please |  |  |  |

*Please indicate the affiliation of each member (McGill University, Concordia University, University of Montreal, etc.)

Student Signature

Co-Supervisor (if applicable) Signature

