



Biology Graduate Program

SUPERVISORY COMMITTEE MEMBERSHIP

Student Name _____ Student # _____ Date _____

Date First Enrolled _____ Degree MSc PhD

General Research Topic _____

SUPERVISORY COMMITTEE MEMBERSHIP		DEPARTMENT or AFFILIATION
Supervisor		
Co-Supervisor (if applicable)		
Committee Member		
Committee Member		
Committee Member		
<p>Note: if partners/spouses co-supervise or sit on the Supervisory Committee for this graduate student, the Supervisory Committee must be expanded to include another member.</p>		
Additional Committee Member		

Signature of Student _____ Date _____

Signature of Supervisor _____ Date _____

Signature of Graduate Coordinator _____ Date _____

Note: The Supervisor signature above signifies that the people listed have agreed to sit on the committee. The Graduate Coordinator signature above signifies that the Biology Graduate Program Committee has approved the suggested committee.