

**Ph.D. SUPERVISORY COMMITTEE COMPOSITION FORM**

This form is to be submitted to the Program Director to indicate the composition of your PhD Supervisory Committee at the end of your first year of study, or any change(s) to it, thereafter. Once approved, Program Directors will forward a copy to the Graduate Office to [vinita.krishnan@utoronto.ca](mailto:vinita.krishnan@utoronto.ca).

**SECTION 1: STUDENT INFORMATION**

|                       |                        |
|-----------------------|------------------------|
| <b>Name:</b>          | <b>Student Number:</b> |
| <b>Email Address:</b> | <b>Field of Study:</b> |
| <b>Signature:</b>     | <b>Date:</b>           |

**SECTION 2: SUPERVISORY COMMITTEE MEMBERSHIP**

A PhD Supervisory Committee must consist of at least three (3) faculty members; normally, a Supervisor and two Committee Members. The **Supervisor** must have a faculty appointment in the student's Division of study within Public Health Sciences (PHS), and must hold a *Full Graduate Faculty membership* with SGS. Other members must hold either *Associate* or *Full* SGS membership. Where there is a **Co-Supervisor**, a *primary* Supervisor, with *Full SGS Graduate Faculty* membership in **PHS** must be identified.

| Current  | Email address | Replacing (if applicable) |
|--|---------------|---------------------------|
| <b>Supervisor:</b> _____                       | _____         | _____                     |
| <b>Co-Supervisor:</b> _____<br>(if applicable) | _____         | _____                     |
| <b>Committee Members:</b>                      |               |                           |
| 1. _____                                       | _____         | _____                     |
| 2. _____                                       | _____         | _____                     |
| 3. _____                                       | _____         | _____                     |

REMEMBER TO BRING THE [Supervisory Committee Meeting Report form](#) TO YOUR COMMITTEE MEETINGS.

**APPROVAL:**

Program Director: \_\_\_\_\_

Date: \_\_\_\_\_