

DrPH SUPERVISORY COMMITTEE COMPOSITION FORM

This form is to be submitted to the Program Director to indicate the composition of your DrPH 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.

SECTION 1: STUDENT INFORMATION

Name:	Student Number:
Email Address:	
Signature:	Date:

SECTION 2: SUPERVISORY COMMITTEE MEMBERSHIP

A DrPH 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 Graduate Department of 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. Professional experts external to the school can be considered for the Supervisory Committee but must obtain an SGS Faculty Appointment via the Dean's Office.

Current	Email address	Replacing (if applicable)
Supervisor: _____	_____	_____
Co-Supervisor: _____ (if applicable)	_____	_____
Committee Members:		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

APPROVAL:

Program Director: _____

Date: _____