



UNIVERSITY OF TORONTO
FACULTY OF DENTISTRY

This form is to be completed by M.Sc. students during the first 6 months of their M.Sc. program. The purpose of the form is to ensure that the student has considered a potential research project, and discussed it with potential supervisors.

Student Name: _____ Student Number: _____

MSc Program Start Date: _____ Specialty: _____

Potential Supervisor (Primary): _____

SGS Status: _____

Co-Supervisor (If any): _____

SGS Status: _____

Proposed Title of Research Project:

Proposed Graduate Advisory Committee members will be:

1)

2)

Student Signature: _____ Date: _____