



UNIVERSITY OF TORONTO
FACULTY OF DENTISTRY

This form is to be completed by PhD students during the first 6 months of their PhD program. The purpose of the form is to ensure that the student has a supervisory committee set up in a timely manner, with at least 2 faculty members having full SGS membership.

Student Name: _____ Student Number: _____

PhD Program Start Date: _____

Supervisor (Primary): _____

Co-Supervisor (If any): _____

Proposed Title of Research Project:

Proposed Graduate Advisory Committee members will be:

- | | |
|-------------|--------------|
| 1) Name: | Affiliation: |
| SGS status: | Expertise: |
| 2) Name: | Affiliation: |
| SGS status: | Expertise: |
| 3) Name: | Affiliation: |
| SGS status: | Expertise: |

Supervisor Signature: _____ Student Signature: _____

Date: _____ Date: _____