Doctoral Supervisory Committee Form (Form D1)

By July 1st of Year 1 of the PhD program, the student and his/her supervisor (or co-supervisors) will assemble a Supervisory Committee. The School of Graduate Studies (SGS) Guidelines for Graduate Supervision stipulates that the Supervisory Committee members should be able to provide expertise that complements and expands on that of the (co-)supervisors. They can act as a valuable sounding board for discussion of ideas emerging in the research.

The Doctoral Supervisory Committee consists of the supervisor, co-supervisor (if applicable), and at least two additional graduate faculty members. These faculty members are usually from the Graduate Department of Psychological Clinical Science but can be appointed to any graduate unit at the University of Toronto. If you are unsure about whether a faculty member has an SGS appointment, please contact the Program Manager.

The student will meet with their Doctoral Supervisory Committee at least once every year, whereupon the student is expected to demonstrate satisfactory progress. The Committee should also provide advice on future work. If the membership of the Committee changes due to changes in the direction of the research, please notify the Program Manager.

Date: ______________________________________________________________________

Student Full Name: ______________________________________________________________________

Student Number: ______________________________________________________________________

Supervisor: ______________________________________________________________________

Co-Supervisor (if applicable): ______________________________________________________________________

Area of Research (tentative title of PhD thesis or brief description of research topic):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Suggested Committee Members:                                                                 Faculty Member Type (circle):

________________________________________________________________________________________ Core / Associate / Other: __________________ Graduate Unit

________________________________________________________________________________________ Core / Associate / Other: __________________ Graduate Unit

________________________________________________________________________________________ Core / Associate / Other: __________________ Graduate Unit

________________________________________________________________________________________ Core / Associate / Other: __________________ Graduate Unit
Proposed date of first committee meeting: ________________________________

Recommendations by Graduate Chair:  □ Approved  □ Refused

_________________________________________  ___________________________
Graduate Chair  Date