

**BIOMEDICAL ENGINEERING GRADUATE PROGRAM
YEATES SCHOOL OF GRADUATE STUDIES**

PhD Supervisory Committee Approval Form

This form must be filed with the Program Office no later than ONE MONTH prior to the Candidacy Examination

The role of the supervisory committee is to assist supervisors in providing guidance, consultation and advice on the students' research. The composition of the supervisory committee may vary by program; however, the members' areas of expertise generally complement that of the supervisor. The supervisory committee may also be called upon to take a more active role in cases where supervisors are absent for an extended period of time or in cases of disputes between supervisors and students.

Specific responsibilities of supervisory committees include: 1) meeting with the student, as a committee, as required but not less than once per year to assess the student's progress in the program and advise on future work required for completion of the degree requirements, 2) submitting a written report at least once per year to the Program Director detailing its observations on the student's progress and future work and assessing whether research is progressing at a satisfactory or unsatisfactory level. A copy of the report should be given to the student and the student must be given the opportunity to respond. A copy of the report and the student's response should be filed with the program, and 3) being reasonably accessible to students when called upon for discussion of academic progress, for consultation on issues related to the research project and for general guidance.

Student Name:		Student ID#:	
Supervisor(s):			

Please list your Supervisory Committee Members:

	Name (please print)	Department/Organization	Signature
Member 1	_____	_____	_____
Member 2	_____	_____	_____
Member 3	_____	_____	_____
Member 4	_____	_____	_____
Member 5	_____	_____	_____

Please complete this section for any External Member in the Supervisory Committee (*please print clearly*):

Name: _____

Position: _____

Address: _____

Telephone: _____

E-mail: _____

Supervisor's signature: _____ Date: _____

Co-supervisor's signature: _____ Date: _____

Director's signature: _____ Date: _____