

**PhD Supervisory Committee Approval Form**

In order to provide Ph.D. students with additional advisement and mentoring throughout their residency, in addition to what is typically offered by their direct supervisor(s), a Ph.D. Supervisory Committee (for short, Supervisory Committee) shall be established for every student. **The committee must be established within the student's first 6 months from the start of their doctoral program.**

The Committee shall consist of

- The supervisor (or supervisors, in case of co-supervision);
- a minimum of two (2) faculty members, other than the supervisors, that are members of Ryerson University's YSGS, with at least one of whom from (and/or with expertise in) the same area of research in which the student will be conducting their research; and at least one YSGS faculty member from within the student's program.
- The Associate Chair for Graduate Studies or his/her designate, as the Chair of the Committee.

The Committee is to:

- serve on the Ph.D. Candidacy Examination Committee.
- meet, at a minimum, once per year with the student, to get an update on progress and a summary of a plan going forward while also providing guidance and mentoring;
- submit a yearly report by completing the Annual Report of the PhD Supervisory Committee section (the last page) of the Graduate Student Progress Report, based on the progress that the student has reported in the aforementioned meeting;
- comprise the internal membership of the student's internal and final doctoral dissertation committees.

<b>Student LAST Name:</b>		<b>Student FIRST Name:</b>	
<b>Supervisor(s)</b>	<b>Student NUMBER:</b>		

**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: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director's signature: \_\_\_\_\_

Date: \_\_\_\_\_