



**Graduate Department of Nursing Science  
 Ph.D. Program**

**PhD Supervisory Committee**

All Year I PhD students are required to send in this form by June 30 (10 months after registration in the PhD program.)  
 PLEASE PRINT CLEARLY.

To : Registrar, Lawrence S. Bloomberg Faculty of Nursing

Fax : (416) 978-8222

From (Student's Name and Student Number): \_\_\_\_\_

Date :

Details of my Supervisory Committee:

Supervisor: \_\_\_\_\_

Committee Members	Institutional Affiliation	LSBFON and SGS appointment?*(Yes/No)	Area of Specialization

Title of Thesis:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*If the committee member is not already appointed to the LSBFON and SGS, the supervisor must request the appointment as soon as possible and well in advance of the student's proposal defence.

Signature of student: \_\_\_\_\_

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