



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

PhD Supervisory Committee

All Year I PhD students are required to send in this form by April 30 (For students admitted Fall 2013 onward.)
 PLEASE PRINT CLEARLY.

Student Name and Number: _____

Date: _____

To: Registrar's office, Lawrence S. Bloomberg, Faculty of Nursing
 Fax: (416) 978-8222

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 defense.

Signature of student: _____

Date: _____