

Interfaculty Graduate Program
Biological and Biomedical Engineering
Ph.D. Advisory Committee Selection Form

Student Name: _____

McGill ID: _____

Date of Admission: _____

Date completed form is due: _____

Research Topic: _____

| ADVISORY COMMITTEE | |
|--|--|
| Supervisor | |
| Co-Supervisor <i>Must have 2 committee members</i> | Name: _____ Department: _____ Institution: _____ McGill ID: _____ Email: _____ Contact Number: _____ |
| Thesis Committee Member(s) <i>External member is obligatory</i> | EXTERNAL Name: _____ Department: _____ Institution: _____ Email: _____ Contact Number: _____ |
| <i>Additional member(s) can be BE & BME</i> | ADDITIONAL MEMBER: |
| | Name: _____ Department: _____ Institution: _____ Email: _____ Contact Number: _____ |
| | ADDITIONAL MEMBER: |
| | Name: _____ Department: _____ Institution: _____ Email: _____ Contact Number: _____ |
| Chair's Rep (representing GPD) <i>Assigned by Director, Graduate Program</i> | |

Please sign and date the form

Student

Supervisor

Date