



**Interfaculty Graduate Program
Biological and Biomedical Engineering
MSc Advisory Committee Selection Form**

Student Name: _____

McGill ID: _____

Date of Admission: _____

Date completed form is due:

Research Topic: _____

ADVISORY COMMITTEE	
Supervisor	
Co-Supervisor <i>(if applicable)</i>	Name: _____
	Department: _____
	Institution: _____ McGill ID: _____
	Email: _____
	Contact Number: _____
Graduate Program Representative (Faculty member in the BBME program)	Name: _____
	Department: _____
	Email: _____
	Contact Number: _____
Committee Member (Faculty member of any department at McGill University) <i>(optional)</i>	Name: _____
	Department: _____
	Email: _____
	Contact Number: _____

Please sign and date the form.

Student

Supervisor(s)

Date