

Student Name:

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

McGill ID:

Date of Admission:		McGill ID: MBER:	
Date of Admission.			
Date completed form is due:			
Date completed form is due.	Email: Contact Number: EXTERNAL Name: Department: Institution: Email: Contact Number: ADDITIONAL MEMBER: Name: Department: Institution: Email: Contact Number: ADDITIONAL MEMBER: Name: Department: Institution: Email: Contact Number: Name: Department: Institution: Email: Contact Number:		
Research Topic:			
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	ADVISO	DRY COMMITTEE	
Supervisor			
Co-Supervisor			
Must have 2 committee members			
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Thesis Committee Member(s)			
External member is obligatory			
Additional member(s) can be BE & BME		EMBER:	
	Department:		
	Institution:		
		EMBER:	
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Chair's Rep (representing GPD)			
Assigned by Director, Graduate Program			
Assigned by Director, dradate Program	<u> </u>		
Please sign and date the form			
ricase sign and date the form			
Student		Supervisor	
Date			

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