

PhD in Architecture, Landscape, and Design

SUPERVISORY COMMITTEE MEMBERSHIP FORM

Student Name: _____

Student Number: _____

Thesis Title: _____

Date: _____

Supervisory Committee Members

Supervisor/Chair: _____

Secondary Supervisor (if applicable): _____

Committee Members:

1. **Name:** _____ **Email:** _____

2. **Name:** _____ **Email:** _____

3. **Name:** _____ **Email:** _____

4. **Name:** _____ **Email:** _____

Note: A copy of this form must be sent to the Graduate Administrator via email to researchstream@daniels.utoronto.ca.