

PhD in Architecture, Landscape, and Design

PRIMARY SUPERVISOR FORM

Note:

- *Members of the Supervisory committee must hold a Graduate Faculty Membership as listed in the [SGS calendar](#).*
- *A copy of this form must be sent to the Graduate Administrator via email to researchstream@daniels.utoronto.ca.*

Student Name: _____

Student Number: _____

Date of first registration in program: _____

Email address: _____

Supervisor: _____

Email address: _____

Secondary Supervisor: _____

(if applicable)

Email address: _____

Faculty/Program: _____

Date: _____

Supervisor/s signature: _____