

THE UNIVERSITY OF BRITISH COLUMBIA

# APPROVAL OF PHD COMMITTEE MEMBERSHIP

## **STUDENT INFORMATION:**

First Name:	Last Name:
Student Number:	E-mail:
Date of Start of PhD Program: (yyyy/mm/dd)	

### University and departmental requirements for committee membership:

### Chair of the Supervisory Committee:

- The committee Chair must be a full-time full member of the Graduate and Postdoctoral Studies (G+PS).
- The Chair will normally be the research supervisor. However, if the research supervisor is not a full member of G+PS, a co-supervisor (academic) is required who is, and Chairs the committee.

#### Members of the Supervisory Committee:

- The committee must include at least two additional members. These should be in a field that is closely related to the thesis and normally includes one experimentalist and one theorist.
- A fourth member should be included from a different field, but with related expertise.
- A fifth person may serve on the committee if the research is interdisciplinary and might build on two areas of expertise.
- The supervisory committee may contain senior instructors, professors emeriti, honorary faculty, adjunct faculty, off
  campus professionals as well as faculty members from other universities. Such members must be approved by the Dean
  of the faculty of graduate studies. Unless approval has
  already been granted, a cv is required for each such member and should be included with this form.
- aiready been granted, a cv is required for each such member and should be included with this r
- At least 50% of the members of the committee must be full members of G+PS

#### **Proposed Committee Chair and Members:**

Name	E-mail	Field	G+PS member?
			Yes (Chair)

If "No", please complete the Recommendation for Non-G+PS Member to serve on a doctoral committee. Form available on this link: <u>https://www.grad.ubc.ca/forms/recommendation-non-gps-member-join-supervisory-committee</u>

## Approval of Research Supervisor:

Signature

Name (Please Print)

Date (yyyy/mm/dd)

## Approval of Graduate Program Advisor:

Signature

Name (Please Print)

Date (yyyy/mm/dd)

Updated: June 15, 2017