



Students are required to report the composition of their Supervisory Committee to the Graduate Office by January 30 of their first year. Please complete this form and submit it to the Graduate Department of Kinesiology ([grad.kpe@utoronto.ca](mailto:grad.kpe@utoronto.ca) / BN110).

**SECTION 1: STUDENT INFORMATION**

Student Name:	Student Number:	
U of T Email:	Program:	Year of Study

**SECTION 2: SUPERVISORY COMMITTEE**

This form is to be submitted to the Graduate Office to indicate the proposed composition of a new MA, MSC or PhD Supervisory Committee, and to notify of any proposed changes in supervisor or committee members. All proposed committees and proposed changes require the approval of the Graduate Director. A Supervisory Committee must consist of at least three members, who meet the following requirements:

- Supervisor: Must be appointed in the Department of Kinesiology and must be a Full or Emeritus Graduate Faculty Member (GFM) of the School of Graduate Studies.\*
- Co-supervisor (if applicable): Must be appointed in the Department of Kinesiology and must be a Full, Associate, or Emeritus Graduate Faculty Member (GFM) of the School of Graduate Studies.\*
- Other committee members (2-3): Must be Full, Associate, or Emeritus Graduate Faculty Member (GFM) of the School of Graduate Studies, but their appointments may be in other departments of the university.\*

The committee members below represent:		Date of formation or change:
Supervisor:	Department:	Signature:
Co-Supervisor (if applicable):	Department:	Signature:
Committee Member:	Department:	Signature:
Committee Member:	Department:	Signature:
Committee Member:	Department:	Signature:

\*Note that SGS GFM membership levels are not the same as professorial rank. Membership level and department of appointment should be verified with each proposed committee member. For questions about acquiring SGS GFM appointments for supervisory committee members (if not already in place), please email [grad.kpe@utoronto.ca](mailto:grad.kpe@utoronto.ca).

**SECTION 3: STUDENT SIGNATURE**

Signature:	Date:
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**SECTION 4: DEPARTMENT APPROVAL**

Chair/Designate Signature:	Date:
<i>Office Use Only</i> Date entered in ROSI:	