



**Ph.D. Supervisory Committee Approval Form**

**Brief Description of Topic:**

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	NAME	Signature
Student:		
ID:		
Date:		
Supervisor:		
Co-supervisor: (if any)		

**Committee Members**

MEMBER	Name:	Email:
MEMBER	Name:	Email:

Please refer to the Policy Document and the Graduate Calendar for more information regarding the formation of a supervisory committee. Normally, the supervisory committee consists of 3 members: the supervisor, and two additional faculty members. Two faculty members may agree to co-supervise a student, however, and then two additional committee members are still required, for a total of 4.

**If the primary supervisor is not a Carleton employee, then (a) this individual must be, or apply to become, an adjunct research professor and (b) there must be a co-supervisor who is a Carleton faculty member who has a cross- or full-appointment in the Institute of Cognitive Science.**

The purpose of this form is to inform the Institute of the constitution of the supervisory committee. It should be submitted to the Graduate Supervisor within 4 calendar terms of full time registration in the program or 7 terms for part-time students. Ideally, therefore, the supervisory committee will start interacting with the student and supervisor(s) early on in the process.

Committee approved by Graduate Supervisor:

Signature:	Date:
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Comments: