



Institute for the History & Philosophy
of Science & Technology
UNIVERSITY OF TORONTO

The office of the Director of Graduate Studies

Supervisory Committee Establishment Form

As of August 1, 2017, this form replaces the old form to document the establishment of supervisory committees.

NAME & STUDENT #: _____

The choice of supervisor and other members of your supervisory committee is among the most important tasks of a graduate student. Graduate units are under an obligation to ensure students receive as much support as possible in making this choice. (See the SGS brochure "Improving Doctoral Program Time to Completion", September 2016: http://www.sgs.utoronto.ca/Documents/TTC%20Best%20Practices_Students_SGS.pdf) The School of Graduate Studies has guidelines in place for the supervision of doctoral students. They are in effect at the IHPST! You may retrieve a copy from here: <https://www.sgs.utoronto.ca/Documents/supervision+guidelines.pdf>

Please also refer to the MEMO from the office of the DGS dated April 10, 2017 (DGS MEMO 6/2017). This MEMO specifies the implementation of important SGS guidelines at the IHPST. The MEMO should be available online on the IHPST website.

Everyone signing this form agrees to be part of a working relationship. The relationship cannot be dissolved without good reasons to be stated in writing to the Director of Graduate Studies. Any change to the constitution of the supervisory committee as documented by this form must be reported immediately to the office of the DGS. This is a shared responsibility of both the supervisor and the supervised graduate student.

Supervised Graduate Student, please check:

I have read the SGS guidelines concerning supervision _____

I have discussed the guidelines with my designated supervisor_____

I have discussed the guidelines with all members of my supervisory committee _____

I have had the opportunity to discuss the next steps in my program with my supervisory committee _____

I have developed a meeting schedule with my supervisory committee, and an agreement was reached that monthly meetings with my supervisor are desirable _____

I am aware that I have three month to submit a thesis proposal from the date that I passed the specialist exam _____

Designated Supervisor, please check:

I have discussed with my student the supervisory check-list included in the SGS supervisory guidelines _____



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At this point, I have some concerns about the academic performance of the student, and I am attaching a statement to outline these concerns _____

At this point, I have no concerns about academic performance _____

The DGS should meet with the student to discuss sources of additional support beyond the assistance the student can expect to receive from the supervisory committee _____

I have discussed with the student a concrete timeline for the submission of a thesis proposal and agreed with the student on a meeting schedule to discuss progress _____

Designated Members of the Supervisory committee, please sign below to confirm your service on this committee:

Name (supervisor)

Signature, Date

Name

Signature, Date

Name

Signature, Date

Student, please sign below:

Name

Signature, Date

Office Use Only:

The supervisory committee was approved _____

**The supervisory committee was *NOT* approved
(statement is attached)** _____

Signature DGS, Date