

Date: _____

Student Name: _____

McGill ID: _____

Faculty: Dental Medicine and Oral Health Sciences

Degree: PhD Oral Health Sciences

Supervisory Committee (minimum 3 members, to meet once per year). For more information, please refer to:

[Advisory Committee \(AC\) and Progress Tracking | Faculty of Dentistry - McGill University](#)

	Name	Signature
Thesis Supervisor		
Co-Supervisor (if applicable)		
Dental Medicine Member		

Member