

APPENDIX A

Faculty of Medicine: Graduate Supervisory Privileges Approval Form

Graduate Program: _____

Name of Approval Committee: _____

Date of Committee Meeting: _____

Please submit this form to Graduate and Postdoctoral Education Office (FoM) at med.research@ubc.ca

Name	Rank	Stream	Level	Supervisory privileges				
				Supervisory committee	Co-supervisor	Sole supervisor	For any students?	If not for all students, please list student names & numbers
Example: Ann Smith	Assistant Prof	Partner	Masters	✓	✓	✓	Yes	
			PhD	✓	✓		No	Jane Doe, 121212121
			Masters					
			PhD					
			Masters					
			PhD					
			Masters					
			PhD					
			Masters					
			PhD					
			Masters					
			PhD					