**Department of Epidemiology, Biostatistics and Occupational Health**

**THESIS SUPERVISOR NOMINATION FORM**

*Please complete and forward by email to the Student Affairs Office*

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| Initial Submission | Revised Submission (please highlight changes) |

*please type this form*

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| Name (Last/First): |  | | | | | | | | | McGill ID: | | | | | | |
| McGill Email: |  | | | | | | | | | | | | | | | |
| Program: | Epidemiology  PhD  MSc Thesis  MSc Intensive  Biostatistics  PhD  MSc Thesis  MSc Non-Thesis | | | | | | | | | Date began in program: | | | | | | |
|  |  | | | | | | | | | Month / Year | | | | | | |
| Thesis Title: |  | | | | | | | | | | | | | | | |
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| Proposed Supervisor: | | | | | | | | | | McGill ID: | | | | | | |
| Email: | | | | | | | | | | | | | | | | |
| ***To be completed by proposed supervisor*** | | | | | | | | | Number of students currently supervised: | | | | | | | |
| Name | | MSc | | PhD | Entry  Date | | Expected  completion | | Name | MSc | | | PhD | Entry  Date | | Expected  completion |
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| Proposed Co-Supervisor: | | | | | | | | | | McGill ID: | | | | | | |
| Email: | | | | | | | | | | | | | | | | |
| If not at McGill, please provide their affiliation: | | |  | | | | | | | | | | | | | |
| Proposed Thesis  Committee Members: | | |  | | | | |  | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| Funding amount provided to student and duration (if applicable): | | | | | | | | | | | | | | | | |
| Source of funding (if applicable): | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Signatures** | | | | | | | | | | | | | | | | |
| Student: | | | | | | | | | | | Date: | | | | | |
| Proposed Supervisor: | | | | | | | | | | | Date: | | | | | |
| Proposed Co-supervisor: | | | | | | | | | | | Date: | | | | | |
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| **Office Use Only** | | | | | | | | | | | | | | | | |
| Approved by Director of Degree Program | | | | | | | | | Department Chair’s Decision: | | | | | | | |
| Referred to Department Chair (Number of supervisees exceeds 6) | | | | | | | | | Approved  Not Approved | | | | | | | |
| Signature: | | | | | | Date: | | | Signature: | | | | | | Date: | |

Completed and signed forms are to be submitted as follows:

M.Sc. students: [gradcoord1.eboh@mcgill.ca](mailto:gradcoord1.eboh@mcgill.ca)

Ph.D. students: [gradcoord2.eboh@mcgill.ca](mailto:gradcoord2.eboh@mcgill.ca)

Deadline for initial submission of form:

M.Sc. & Ph.D. students – February 15 of their first year in program

M.Sc. Epidemiology Intensive students – October 1 of their first year in program

Initial submission of the form must include supervisor’s name and signature. Committee members may be named later but within 6 months of initial submission (3 months for M.Sc. Intensive students).

If the choice of supervisor(s) is approved the form will be placed in student’s file. An email confirmation will be sent by the Students Affairs Office to student with cc to each person noted on the form, as well as to the Program Advisor.

If revision is needed, the student will be informed by email, with copies to the supervisor.

A supervisor with six or more students at the M.Sc./Ph.D. level must attach a letter justifying taking on an additional student.

The Chair makes the final decision. If the proposed supervisor is considered ineligible for a particular student at this time, the Chair will inform the faculty member in writing, giving the reasons for this decision. Any and all appeals will be handled by the departmental Chair, who has the final word.

Adopted April 2005 by GSC

Last revised: September 2018