Centre for Comparative Literature
UNIVERSITY OF TORONTO

SUPERVISORY COMMITTEE APPROVAL FORM

Student name: _____ **Student number**: _____

Supervisory Committee Members	**Role***	**Dept**	**Signature**	**Date**
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

* **Note:** *For member role, please write* **SUP** *for supervisor;* **REG** *for regular member and* **COS** *for co-supervisor. At least three members are needed to form a supervisory committee and one member must be from the Centre for Comparative Literature.*

Research Topic Title: _____

_____

_____

Student's signature: _____ **Date**:_____

Approval

Department Chair: _____ _____
name *signature*

Approval Date: _____ _____
ROSI Entry Date

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