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	Assistant	Partner	Masters	\checkmark	\checkmark	\checkmark	Yes	
Smith	Prof		PhD	\checkmark	\checkmark		No	Jane Doe, 121212121
			Masters					
			PhD					
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