



**APPOINTMENT OF SUPERVISOR  
and Supervisory Committee( if stipulated by the program)**

Student Name:

ID:

Graduate Program:

<b>Supervisor</b>	<input type="checkbox"/> Appointment	<input type="checkbox"/> Change
Current Supervisor (if applicable)	Name:	
Recommended Supervisor	Name:	
Supervisory Status Approved by GSC	<input type="checkbox"/> FULL	<input type="checkbox"/> LIMITED <input type="checkbox"/> SPECIFIC STUDENT

**Supervisory Committee Members (if stipulated by the program)**

The Supervisory Committee consists of the Supervisor noted above and at least one other person. List 2<sup>nd</sup> Reader or 2<sup>nd</sup> Supervisor only if they are involved throughout the student’s program. External/Internal Evaluators and 2<sup>nd</sup> Readers will be approved prior to the examination using the *Recommendation to Proceed with Examination Form 04*. See *Supervision* section of the [General Regulations for Graduate Studies](#) for more information.

Name	Signature

**Proposed Area of Research**

Student plans to complete:  Major Paper  Thesis  Other:

*This information is collected, under the Freedom of Information and Protection of Privacy (FOIP) Act, to appoint a supervisor and/or supervisory committee. The information will form part of the student’s permanent record.*

I am aware of these arrangements.	<i>Signature of Student</i>	Date
I agree to these arrangements.	<i>Signature of Recommended Supervisor</i>	Date
Approved by	<i>Signature of Graduate Program Committee Chair</i>	Date
Approved by	<i>AVP of Research, Engagement &amp; Graduate Studies</i>	Date