

Change of Supervisory Committee

MA/MFA/MMus/MSc/MN/PhD

Student uLethbridge ID Number:

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 Today's Date:

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This form is used if there is a change to the original Establishment of Supervisory Committee form. For detailed information, review the Graduate Studies Calendar and Course Catalogue (www.ulethbridge.ca/ross/academic-calendar), and the SGS Policies and Procedures (www.ulethbridge.ca/graduate-studies/policies-procedures).

STUDENT INFORMATION					
Surname:	First name:	Middle name:			
Degree:		Major:			
Concentration (if applicable):				<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Home department:					
Change to home department/faculty/area required? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, new home department:	
SUPERVISORY COMMITTEE MEMBERSHIP (LIST ALL CURRENT, INCOMING, AND OUTGOING MEMBERS)					
Name	Department/faculty/area:	Supervisor/ Co-supervisor?	No Change (Continue)	Add	Remove
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The personal information on this form is collected pursuant to the Post-secondary Learning Act and the Freedom of Information and Protection of Privacy Act and will be used to document your progress in an academic program. If you have questions about the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at, 403-332-4620 or by email to foip@uleth.ca.

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SUPERVISOR RATIONALE AND ENDORSEMENT

Clear indication of rationale for committee membership and/or department (if applicable) change is attached (required)

I certify that the recommended current and added committee members are aware of and have agreed to serve on the student's Supervisory Committee and that any removed committee members are aware of and have agreed to discontinue service on the student's Supervisory Committee.

Supervisor signature:	Name:	Date:
Co-supervisor signature (if applicable):	Name:	Date:

DEPARTMENT CHAIR / PROGRAM COORDINATOR APPROVAL

I am aware and supportive of the revised membership of this Supervisory Committee.

Department Chair signature (if applicable):	Name:	Date:
Department Chair signature (if applicable):	Name:	Date:
Program Coordinator signature (if applicable):	Name:	Date:

STUDENT APPROVAL

I am aware and supportive of the revised membership of my Supervisory Committee.

Student signature:	Name:	Date:
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Submit completed form to the relevant Graduate Program Office.

FINAL APPROVAL (OFFICE USE ONLY)

Program Chair signature:	Name:	Date:
SGS Dean (or designate) signature:	Name:	Date: