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Establishment of Supervisory Committee

MA/MFA/MMus/MEd/MC/MSc/MN/PhD

This form is used for the initial establishment of a Supervisory Committee for a graduate student. 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/faculty/area:		
SUPERVISORY COMMITTEE MEMBERSHIP		
Supervisor name:	Department/faculty/area:	
Co-supervisor name (if applicable):	Department/faculty/area:	
Name:	Department/faculty/area:	
Name:	Department/faculty/area:	
Name:	Department/faculty/area:	
Name:	Department/faculty/area:	
Name:	Department/faculty/area:	
Name:	Department/faculty/area:	
SUPERVISOR SIGNATURE		
<i>I certify that the recommended committee members are aware of and have agreed to serve on the student's Supervisory Committee.</i>		
Supervisor signature:	Name:	Date:
Co-supervisor signature (if applicable):	Name:	Date:

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Establishment of Supervisory Committee

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DEPARTMENT CHAIR / PROGRAM COORDINATOR APPROVAL

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

Student signature:	Name:	Date:

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: