

Establishment 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 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:

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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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:
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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: