

Faculty of Education

Today's Date (DD/MMM/YYYY)

Approval of Project Supervisory Committee

This form is to be used to officially designate a Project Supervisory Committee for Master of Education and Master of Counselling students.

Students should submit the completed form, ensuring the proposed Project Supervisory Committee members have signed the form, to the Office of Graduate Studies and Research in Education. To ensure availability of a supervisor, students should contact a potential Project supervisor upon completion of approximately half of the courses in the student's program, or as best suited to the cohort schedule.

After the Project Supervisory Committee is approved, students will be required to submit an *Approval of Project Proposal* form. The Project Proposal, which outlines the components of the Project, should be developed in conjunction with the supervisor.

This form does not constitute registration in the Project course(s). For registration procedures contact the Office of Graduate Studies and Research in Education (<u>edu.masters@uleth.ca</u> or <u>master.counselling@uleth.ca</u>).

NOTE: Registration in and subsequent withdrawal from the Project will impact student transcripts and fees.

Review the program specific Policies & Procedures for detailed information (www.ulethbridge.ca/graduate-studies/policies-procedures).

Student information

Surname:	Given Name(s)
□ Master of Counselling	\Box Master of Education – Major/Cohort _
Year/Term of Start in Program:	
Proposed Project title:	

To be completed by Project Supervisory Committee:

Your signature indicates that you are willing to serve on this Project Supervisory Committee:			
Supervisor Name:	Signature:	Date:	
OR			
Co-Supervisor Name:	Signature:	Date:	
Co-Supervisor Name:	Signature:	Date:	
Committee Member Name:	Signature:	Date:	
Approval:			

Name:	Signature:	Date:		
Associate Dean, Graduate Studies and Research in Education				

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* for student program approvals. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at 4401 University Drive, Lethbridge, AB T1K 3M4; foip@uleth.ca; 403-332-4620. March 2020