



CHANGE OF SUPERVISOR

Complete this form when there is a change in supervisor or adding a new co-supervisor. Once complete, submit the form online.

STUDENT INFORMATION

First name: _____ Last name: _____

Student number: _____ Program: _____

Signature: _____ Date: _____

Type of change: _____ Effective Date: _____

CURRENT SUPERVISOR

I acknowledge being removed as this student's supervisor.

I acknowledge the addition of a co-supervisor.

Name of supervisor: _____ Signature: _____

NEW SUPERVISOR

Name of new (co-) supervisor: _____ SGS membership: _____

New (co-) supervisor signature: _____ Date: _____

OFFICE USE ONLY

<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved	
<p>Comments:</p> <p><input type="checkbox"/> ENTERED IN ROSI</p> <p><input type="checkbox"/> SGS CONFIRMATION OF CHANGE</p> <p><input type="checkbox"/> EM DECISION TO STUDENT & SUPERVISOR</p> <p><input type="checkbox"/> EM MOVES TO J. RAGHUBAR/M. HALOULOS</p>		<p>_____ ASSOCIATE CHAIR, GRADUATE STUDIES</p> <p>_____ DATE</p>	