

Change of Supervisor Form

Student's Name:	ID Number:		
Degree Program:	<input type="checkbox"/> PhD	<input type="checkbox"/> MAsC	<input type="checkbox"/> MEng
Status:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Inactive
First term of Registration:	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring/Summer Year: _____
Supervisor(s) Change:			
	From:	_____	
	To:	_____	
Effective Start Term:	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring/Summer Year: _____

Student's signature: _____ Date: _____

Current Supervisor: Approved Denied _____ Date: _____

New Supervisor: Approved Denied _____ Date: _____

Program Director: Approved Denied _____ Date: _____

Distribution:

- Student file
- Current Supervisor
- New Supervisor
- Graduate Program Director