

SCHOOL OF GRADUATE STUDIES

REQUEST TO CHANGE MEMBERS OF SUPERVISORY COMMITTEE

| Section 1: Student Information | | | | | | |
|--|---------------------|-------------|--|-----------|------|-----------|
| Student Name: | Student II | Student ID: | | | | |
| Program: | | Status: | | Full-time | | Flex-time |
| MRP/Thesis/Dissertation Topic: | | | | | | |
| Please note that if a change to Research Sup approval has been granted, the stude | | | | | | |
| Section 2: Reason for change - attach additional | page(s) if necessar | ry | | | | |
| Reason for change, please attach additional page | e(s) if necessary: | | | | | |
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| | | | | | | |
| Section 3: Original Membership | | | | | | |
| Original Supervisor Name (print) | Signature | | | | Date | |
| Original Co-Supervisor Name (print) | Signature | | | | Date | |
| Original Committee Member Name (print) (if applicable) | Signature | | | | Date | |
| Original Committee Member Name (print) (if applicable) | Signature | | | | Date | |
| Original Committee Member Name (print) (if applicable) | Signature | | | | Date | |
| Section 4: New Membership | | | | | | |
| New Supervisor Name (print) | Signature | | | | Date | |
| 1 U / | S | | | | | |
| New Co-Supervisor Name (print) | Signature | | | | Date | |
| New Committee Member Name (print) (if applicable) | Signature | | | | Date | |

School of Graduate Studies Updated: 2/25/2019



SCHOOL OF GRADUATE STUDIES

EXAMINATION COMMITTEE REPORT

| New Committee Member Name (print) (if applicable) | Signature | Date |
|--|---|-------------------------|
| New Committee Member Name (print) (if applicable) | Signature | Date |
| Section 5: Student Signature | | |
| Student Name (print) | Signature | Date |
| Section 6: Graduate Program Coordinator/Chair Sign | nature | |
| By signing below, the Graduate Program Coordinate Member(s). | or/Chair supports the newly recommended Supervi | sor(s) and/or Committee |
| Name (print) | Signature | Date |
| Section 7: Approval Signatures | | |
| Faculty Dean Name (print) | Signature | Date |
| Dean of Graduate Studies & Research Name (print) | Signature | Date |

Please submit complete forms and any supporting documents to the School of Graduate Studies at sgs@nipissingu.ca

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