

SCHOOL OF GRADUATE STUDIES

REQUEST TO DECLARE A SUPERVISORY COMMITTEE

Section 1: Student Information						
Student Name:		Student ID:				
Topic:						
Student Signature:						
Section 2: Research (Co) Supervisor (s)						
Name (print)	Signature				Date	
Name (print)	Signature				Date	
For SGS use only: the above is (are) eligible to super	vise students:		Ye	s		No
Section 3: Additional Supervisory Committee Members						

Conditions:

MRP/Thesis: A minimum of one additional committee member is required.

PhD: A minimum of two additional committee members are required.

Committee members outside of Nipissing University must belong to a Canadian university. Provide a CV for committee members external to Nipissing University. Where additional committee members are spouses/partners, an additional committee member over and above the minimum is required. Required committee composition may be altered with approval from the Graduate Program Coordinator/Chair and the School of Graduate Studies

Committee Member Name (print)	ee Member Name (print) Signature	
Organization Name	Committee Member Email Address	Phone Number
Committee Member Name (print)	Signature	Date
Organization Name	Committee Member Email Address	Phone Number
Committee Member Name (print) (if required, see conditions above)	Signature	Date
Organization Name	Committee Member Email Address	Phone Number



SCHOOL OF GRADUATE STUDIES

REQUEST TO DECLARE A RESEARCH SUPERVISOR

Committee Member Name (print) (if required, see conditions above)	Signature	Date	
Organization Name	Committee Member Email Address	Phone Number	
Section 4: Graduate Program Coordinator/Chair Signary By signing below, the Graduate Program Coordinate		or(s) and/or Committee Member(s).	
Name (print)	Signature	Date	
Section 5: Additional Signatures			
Faculty Dean Name (print)	Signature	Date	
Dean, Graduate Studies & Research Name (print)	Signature	Date	

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