



Graduate Supervision Agreement or Change of Supervisor

Student Number: _____

Last Name: _____ First Name: _____

Degree: _____ Area of Specialization: _____

Current Supervisor: (if applicable)

New Supervisor: _____

Research Topic or Projected Area of Interest

Reason for Change in Supervisor (if applicable)

_____ Student Name (please print)	_____ Signature	_____ Date
_____ Current Supervisor Name (please print)	_____ Signature	_____ Date
_____ New Supervisor Name (please print)	_____ Signature	_____ Date