

Change to Master's Supervisor or Supervisory Committee (to be completed by the **SUPERVISOR**)

SUPERVISOR: Upon completion, you must send the form, by email, to the graduate program designate for approval. **GRADUATE PROGRAM DESIGNATE:** please complete the section below and forward to fgs@athabascau.ca indicating you approve the changes recorded on this form.

Student Name:

Student ID Number:

Student Email Address:

Academic Unit:

Today's Date:

Degree Sought:

Title of Thesis (or topic area, if no title confirmed yet):

Recommended changes:

Position Held:

Rationale for appropriateness of the supervisor:

Position Held:

Rationale for appropriateness of the co-supervisor:

Position Held:

Rationale for appropriateness of the committee member:

Is the student aware and agreeable to the recommended change(s)?Reason for the change:

Person completing this form:

Date:

Name:

To be completed by the Graduate Program Designate

Proposed

:

Date:

Name:

Dean, Faculty of Graduate Studies approval:

Date:

Name:

The personal information collected on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. This information will be used by staff of the Faculty of Graduate Studies to facilitate a change of Supervisor or Supervisory Committee. If you have any questions about the collection or use of this information, contact the Dean, Faculty of Graduate Studies, Athabasca University, 1 University Drive, Athabasca, AB, T9S 3A3. Telephone: (780) 675-6550.

Distribution: Supervisor – Graduate Program Unit Designate – Faculty of Graduate Studies