



Add/Remove Co-Supervisor Request Form

Student's Name:	Student ID:	
Degree Program:	Full-Time	Part-Time
First Term of Studies:	Area of Specialization:	
Current Supervisor:		

New Co-Supervisor Information: **Add** **Remove**

Name:	Department:
University:	Organization (if applicable):
The term you wish this change request to be effective:	

Approval:

Student Signature:	Date:
New Co-Supervisor's Signature:	Date:
Current Supervisor's Signature: Approve Deny	Date:
Associate Chair, Graduate Program: Approve Deny	Date:

Notification

- Student
- Current Supervisor
- Added or Removed New Co-Supervisor
- Associate Chair, Graduate Studies