

## Faculty of Engineering & Architectural Science Graduate Program in Mechanical and Industrial Engineering

## **Change Supervisor Request Form**

Student's Name:		Student ID:	
Degree Program:		Full-Time	Part-Time
First Term of Studies:		Area of Specialization:	
Change Supervis	sor Information:		
From:			
То:			
The term you wish	this change request to be effective:		
Approval:			
Student Signature:		Date:	
Current Supervisor	r's Signature:		
Approve	Deny	Date:	
New Supervisor:			
Approve	Deny	Date:	
Associate Chair, G	raduate Program:		
Approve	Deny	Date:	
lotification			
	Student		

Student
Current Supervisor
New Supervisor / New Co-Supervisor
Associate Chair, Graduate Studies