

Change of Graduate Supervisor

Note: Students will only be notified if their request is denied. If approved, the change will be reflected in Degree Audit.

STUDENT INFORMATION				
Last or Family Name:		First Name		Student Number:
Last of 1 ailily Ivalie.		1 list ivalie		Student I vanioer.
		D.		26.
Email:		Program		Major:
REQUEST				
Change of Supervisor Current Supervisor's Name:	Comment Comme	:		D-4
Current Supervisor's Name:	Current Super	Current Supervisor's Signature:		Date:
Proposed Supervisor's Name:	Proposed Sup	ervisor's Signature:		Date:
Change of Co-Supervisor				
Current Co-Supervisor's Name:	Current Co-Su	Current Co-Supervisor's Signature:		Date:
Proposed Co-Supervisor's Name:	Proposed Co-	Proposed Co-Supervisor's Signature:		Date:
Reason for Change				
Change in Research Interes	st Co/	Supervisor unavailable	Add/	Remove Co-supervisor
Please give details below, you	may attach a do	ocument if that is more	convenient.	
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tudent Signature:				
APPROVALS				
 The new supervisor and co-sup 	pervisor must have	the appropriate accreditation	on.	
 Funding issues must be clarified 	ed. For example, it	may be acknowledged that	funding through	h the previous supervisor
is no longer available, and who	at funding, if any,	will be provided by the new	supervisor.	-
Intellectual property issue mus				
https://www.uregina.ca/gradst				
The department and FGSR have	ve no responsibility	y to agree to a change in sup	ervisory arrang	ements if they cannot be
reasonably accommodated. In				
what supervisory arrangement	s will or will not be	e provided.		
Department Head's Name:	Department	Head's Signature:		Date:
Department from 5 Name.	Department.	rioud 5 Digitature.		Dutc.
ECCD Doom's Comptume				
FGSR Dean's Signature				Date: