

**Section 1: Student Information**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Topic: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**Section 2: Research (Co) Supervisor (s)**

_____	_____	_____
Name (print)	Signature	Date

_____	_____	_____
Name (print)	Signature	Date

For SGS use only: the above is (are) eligible to supervise students:       Yes       No

**Section 3: Additional Supervisory Committee Members**

**Conditions:** Please consult the Supervisory Committee Policy for more information ([www.nipissingu.ca/sgs/](http://www.nipissingu.ca/sgs/))

*MRP/Thesis: A minimum of one additional committee member is required.*

*PhD: A minimum of two additional committee members are required.*

*Committee members outside of Nipissing University must belong to a Canadian university. Provide a CV for committee members external to Nipissing University. Where additional committee members are spouses/partners, an additional committee member over and above the minimum is required. Required committee composition may be altered with approval from the Graduate Program Coordinator/Chair and the School of Graduate Studies*

_____	_____	_____
Committee Member Name (print)	Signature	Date

_____	_____	_____
Organization Name	Committee Member Email Address	Phone Number

_____	_____	_____
Committee Member Name (print)	Signature	Date

_____	_____	_____
Organization Name	Committee Member Email Address	Phone Number

_____	_____	_____
Committee Member Name (print) (if required, see conditions above)	Signature	Date

_____	_____	_____
Organization Name	Committee Member Email Address	Phone Number



**SCHOOL OF GRADUATE STUDIES**  
**REQUEST TO DECLARE A SUPERVISORY COMMITTEE**

\_\_\_\_\_  
Committee Member Name (print)  
(if required, see conditions above)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Committee Member Email Address

\_\_\_\_\_  
Phone Number

**Section 4: Graduate Program Coordinator/Chair Signature**

*By signing below, the Graduate Program Coordinator/Chair supports the recommended Supervisor(s) and/or Committee Member(s).*

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section 5: Additional Signatures**

\_\_\_\_\_  
Faculty Dean Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Vice-President, Research, Innovation  
& Graduate Studies (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit complete forms and supporting documents to the School of Graduate Studies at [sgs@nipissingu.ca](mailto:sgs@nipissingu.ca)**