



APPOINTMENT OF THESIS SUPERVISOR FORM

Graduate thesis supervisors and students should complete this form at the beginning of the student's program, or as soon as a thesis supervisor is assigned to the student.

STUDENT: _____

STUDENT NUMBER: _____

STUDENT EMAIL ADDRESS: _____

Number of Thesis Supervisors: 1 supervisor 2 co-supervisors

THESIS SUPERVISOR/CO-SUPERVISOR: _____

DEPARTMENT: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

THESIS SUPERVISOR/CO-SUPERVISOR: _____

DEPARTMENT: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

Name of Program: _____

Date of start of program (month/year): _____

Anticipated date of defense of thesis (month/year): _____

The Supervisor should send this form, along with the completed *Student/Supervisor Agreement*, to the Faculty of Graduate Studies, gradstudies@uwinnipeg.ca.

Student

Date

Graduate Program Chair

Date

Department Chair

Date

Dean of Graduate Studies

Date