



# CHANGE(S) TO SUPERVISORY COMMITTEE

**IMPORTANT:** Use this form **ONLY** if the supervisory committee has been approved in the Supervisory Committee Management Tool (SCMT). If it has not been approved, please update the record in SCMT.

<b>STUDENT INFORMATION:</b>		<b>Student Number:</b>
<b>Given Name:</b>	<b>Family Name:</b>	
<b>Email:</b>	<b>Degree:</b>	<b>Program:</b>

**For doctoral students:** Has student reached Candidacy?  Yes  No If yes, date: \_\_\_\_\_

## Supervisory Committee:

<b>Role</b> (sup., co-sup., memb.)	<b>Name (print clearly)</b>	<b>Leave on</b>	<b>Add</b>	<b>Remove</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Reminder: 50% of supervisory committees must be members of G+PS.**

## Reason for change:

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**The undersigned confirm that the student and relevant faculty members are aware of the changes:**

## Approval of Research Supervisor:

_____ Signature	_____ Name (please print)	_____ Program	_____ Date (yyyy/mm/dd)
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## Approval of Graduate Advisor or Head of the Graduate Program:

_____ Signature (must be different from above)	_____ Name (must be different from above)	_____ Program	_____ Date (yyyy/mm/dd)
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## Grad Studies only:

_____ Date of Approval	_____ Recorded	_____ Signature of G+PS Clerk
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