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CHANGE(S) TO SUPERVISORY COMMITTEE

IMPORTANT: Use this form ONLY if the supervisory committee has been approved in SISC. If it has not been approved, please update the SISC record on the Supervisory Committee screen.

STUDENT INFORMATION:			Student I	Student Number:			
Given Name:	Fa	Family Name:					
Address: PLEASE ENSURE ADDRESS I	N THE SSC IS CURRENT.						
Email:		egree:	Program:	ım:			
For doctoral students: Has student	t reached Candidacy?	☐ Yes ☐	No If yes, o	date:			
upervisory Committee:							
Role (sup., co-sup., memb.)	Name (p	Name (print clearly)			Add	Remove	
eminder: 50% of supervisory commeason for change:	nittees must be memb	ers of G+PS.					
ne undersigned confirm that the Approval of Research Supe		nt faculty mem	bers are awa	are of the ch	anges:		
Signature	Name (please print)	Name (please print)		Program		Date (yyyy/mm/dd)	
Approval of Graduate Advi	sor or Head of th	e Graduate P	rogram:				
Signature (must be different from above)	Name (must be differe	different from above) Progra		n Date (yyy/mm/dd)	
Grad Studies only:							
Date of Approval		d	Signat	Signature of G+PS Clerk			