Office of the Dean and Vice-Provost

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RECOMMENDATION F	OR SUPERVISION	OF GRADU	ATE STUDENT B	Y NON-G+P	S MEMBER	
STUDENT INFORMATION: Given Name:			Student Nun	Student Number:		
			Family Name:			
Email:	Degree (e.	g., PhD, MA):	Program:			
https://www.grad.ubc.ca/faculty-s	staff/policies-procedures/su	pervision-graduat	e-students-non-members	s-faculty-graduate		
http://www.calendar.ubc.ca/vanco	ouver/index.cfm?tree=12,2	04,350,773				
For a non-member of the Facul student, special approval is req be eligible, the non-member shappropriate qualifications. In manager is appropriate gualifications and Postor is aculty of Graduate and Postor is a control of the contr	uired from both the discinct ould normally be actively active actively active a	plinary Faculty a y engaged in reso nember of G+PS i	nd the Faculty of Graduearch, experienced with s granted supervisory p	uate and Postdoc n graduate educa privileges the stu	toral Studies. To tion, and hold dent is co-	
We recommend that the follow Nominee's	wing person be approved	d to supervise or	co-supervise the abov	e named studen	t:	
name: No			ninee's email:			
Proposed supervisory role:	Co-supervisor		Supervisor			
Employer: UBC	UBC CWL:		UBC Employee #:			
Position: Clinical	Partner	□ ИВСО	[CV not required]			
Other UBC positio	iii (specify).					
Employer: Other university	or organization Uni/Org.	name:				
Title or position held:	-					
We are requesting approval for:	Additional students	in program (appro	val valid for 5 years)	☐ This stu	ident only	
For additional students for five	e years, ensure that this	is addressed in t	he grad program mem	o and the nomin	ee's assent.	
Please attach ALL of the foll Indication (from the graduat	•	or qualifications th	ast make the nemines su	itable		
		•			or responsibilities	
Statement from nominee as should be reviewed and disc desirability of the arrangement	cussed by the student, grad	uate advisor, and	the prospective supervis		=	
Nominee's current CV [not re	equired for UBCO faculty in	the Research Prof	essoriate Stream]			
Names of the other committee	tee members (please list): _					
Approval of Research S	upervisor (when the nomi	nee is to be a co-super	visor; the nominee should sign	when s/he is to be the	primary supervisor):	
Signature	Name (please print)	Program	 Date (y	yyy/mm/dd)	
Approval of Graduate	Advisor or Head of	the Graduate	Program:			
Signature (must be different from above)	Name (must be diff	erent from above)	Program	Date (y	yyy/mm/dd)	
Graduate Studies use only:						
	signature of Dean/Associate Dean	or designate	Date of approval	Recorded	Notification sent	
Approval valid for: 5 y	years	ent only				