MA Supervisory Committee Nomination Form (Form M1)

During the first year, the student and their supervisor(s) will assemble a Supervisory Committee. The committee consists of the supervisor/co-supervisors and at least two additional faculty members from the Graduate Department of Psychological Clinical Science. The Supervisory Committee meets with the student to review progress at least once a year, administer examinations, and regularly provides advice on future work.

Date: ___________________________________________________________

Name of Student: ___________________________________________________________

Student Number: ___________________________________________________________

Supervisor: ___________________________________________________________

Co-Supervisor (if applicable): _________________________________________________

Area of Research (tentative title of Master’s thesis or description of research topic):
______________________________________________________________________________
______________________________________________________________________________

Suggested Committee Members: Core GD-PCS Faculty Member:

______________________________________________________________________________  Yes _____  No _____

______________________________________________________________________________  Yes _____  No _____

______________________________________________________________________________  Yes _____  No _____

Recommendations by the Graduate Chair/DCT: Approved: _____  Refused: ______

______________________________                     _______________________________
Graduate Chair/DCT              Date

Last Revised July 2019