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 PCS Faculty Member:
_____________________________________________________________
Yes ______ No ______
_____________________________________________________________
Yes ______ No ______
_____________________________________________________________
Yes ______ No ______

Recommendations by the Graduate Chair: Approved: _____ Refused: ______
_____________________________________________________________

Graduate Chair ______________________ Date ________________________