



Thesis Supervision Form

Student's Name: _____ ID #: _____

Thesis Supervisor: _____

Thesis Title (working): _____

Expected Date of Thesis Deposit: _____

Program Time Limit: _____

I agree to supervise this student's thesis project.

Thesis Supervisor's Signature: _____ Date: _____

I understand that this agreement extends only to the official completion date of the program. After this date, the terms of the agreement will have to be renegotiated.

I understand that I am expected to respond to all emails from my thesis supervisor in a timely fashion, i.e. 3 days. Should difficulties arise in meeting planned deadlines for thesis outlines or chapters, I will communicate with my supervisor as soon as such difficulties become apparent.

I understand that I must have my thesis supervisor's permission in order to take an independent study course.

I understand that I must have my thesis supervisor's permission prior to signing up for a thesis presentation session.

Student's Signature: _____ Date: _____

Please forward original to Department Assistant (for student's file).
Seen by GPD _____