

Art Education Thesis Supervision Agreement

Student's Name: _____ ID #: _____

Degree Program: MA or PhD

Thesis Supervisor: _____

Thesis Title (working): _____

Program Start Date: _____

Expected Date of Thesis Deposit: _____

Program Time Limit: _____

I agree to supervise this student's thesis project.

Thesis Supervisor: _____

Signature: _____ Date: _____

I understand that it is the student's responsibility to familiarize themselves with the following information regarding the program of study and academic life at Concordia.

Academic Integrity: <http://provost.concordia.ca/academicintegrity/>

Academic Code of Conduct: <http://provost.concordia.ca/academicintegrity/code/>

Research Ethics: <http://oor.concordia.ca/services/researchethicsandcompliance/>

Counselling & Development: <http://cdev.concordia.ca>

Student's Signature: _____ Date: _____

Please forward original to Department Assistant (for student's file).

Seen by GPD _____