



Change of Student Supervisor/Committee Member

Student Name: _____ Student Number: _____

Degree: _____ Program: _____

Date Program Started: _____

Name of Current Supervisor: _____ Signature: _____

Name of Proposed Supervisor: _____ Signature: _____

Name of Current Committee Member: _____ Signature: _____

Name of Proposed Committee Member: _____ Signature: _____

Supervisor's Signature required below for a change in committee member.

Supervisor's Name: _____ Signature: _____

Effective Date: _____

All individuals involved have been notified of the changes.

Please do not submit this form without checking this box.

Reason for Change

Please note, approval from the Dean of the College of Graduate Studies is required for all non-UBC Okanagan co-supervisors/committee members.

Student's Signature Date

Approval – Unit Head/Director Date

Program Coordinator's Signature Date

For Interdisciplinary Studies Students Only

Director, Interdisciplinary Studies Program Date

Processed in Graduate Studies _____