

Faculty of Engineering & Architectural Science
Graduate Program in Civil Engineering

Change Supervisor Request Form

Student's Name:	Student ID:
Degree Program:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
First Term of Studies:	Area of Specialization:

Change Supervisor Information:

From:
To:
The term you wish this change request to be effective:

Approval:

Student Signature:	Date:
Current Supervisor's Signature: <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Date:
New Supervisor: <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Date:
Associate Chair, Graduate Program: <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Date:

Notification

- Student
- Current Supervisor
- New Supervisor / New Co-Supervisor
- Associate Chair, Graduate Studies