

Use this form to:

- Change a supervisor or co-supervisor.

Instructions:

1. The student will complete sections 1-2, and sign and date the form.
2. The student will obtain all relevant signatures from supervisor(s). All supervisors must sign in section 2 and/or 3.
3. The student will submit the completed form to their academic department for approvals.

Note: The intellectual contributions of the current supervisor and the student to the research carried out during the period of his/her supervision will be fully recognized in accordance with the [intellectual property policies](#) of the Lakehead University.

Section 1: Student information

Lakehead University student identification number _____

Last name(s) _____ First name(s) _____

Email _____ Faculty _____

Program _____

Program level: master's doctoral

Study option: thesis/dissertation master's research paper

Effective term: fall winter spring Number of terms completed in current program _____
year

Section 2: Supervisor information and financial support (please select one or more options)

Rationale for supervisor change(s):

 Change a supervisor

Name of current supervisor _____

End date of financial support from supervisor (If supported)
(mm/dd/yy) _____

Name of new supervisor _____

Signature _____

Start date of financial support from supervisor (If supported)
(mm/dd/yy) _____

Amount of Funding _____

 Add/remove a co-supervisor(s)

Name of co-supervisor to be **added** _____ Signature _____

Name of co-supervisor to be **removed** _____ Signature _____

Section 3: Approval signatures

Student _____ Date (mm/dd/yy) _____

Current Supervisor (if applicable) _____ Date (mm/dd/yy) _____

Graduate Coordinator _____ Date (mm/dd/yy) _____

Home Department Dean _____ Date (mm/dd/yy) _____

Dean of Graduate Studies _____ Date (mm/dd/yy) _____