

KILLAM CENTRE FOR ADVANCED STUDIES
 2-29 TRIFFO HALL

 Phone: 780.492.3499 Fax: 780.492.0692
<https://www.ualberta.ca/graduate-studies/>

Student ID	Student Last Name, First Name
Department	Degree Program

Please ensure that all guidelines outlined in of the Faculty of Graduate Studies and Research Graduate Program Manual and University Calendar are followed.*For more information refer to the University of Alberta Calendar and/or Graduate Program Manual. Specific links can be found in the FGSR Forms Cabinet next to the relevant form.

 Revised Form

	Employee ID#	Name	Institution (if different from the University of Alberta)
Supervisor(s):			
Other Supervisory Committee Member(s): only necessary to fill this section if the student is in a doctoral program			

*** By signing this, I approve the doctoral supervisory committee members**

Graduate Coordinator/ Dept Chair	Signature	Date (MMM DD, YYYY)
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*** By signing this, I approve the supervisor(s)**

Dean of Faculty or delegate	Signature	Date (MMM/DD/YYYY)
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Faculty of Graduate Studies and Research use only: SCN:	Signature & Date
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