



## Committee on Graduate Studies

### Graduate Student Supervisor and Committee Identification

#### Part A – Student and Thesis Identification

Student Name: \_\_\_\_\_ StFX Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ StFX E-mail: \_\_\_\_\_

Program of study: \_\_\_\_\_

Date of Commencement of Program: *Month/Day/Year* \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Part B – Supervisory Committee Declaration. This section must be completed by the Graduate Student Supervisory Committee and its members. Please see the relevant sections of the Academic Calendar (Graduate Studies) as well as the Graduate Student Handbook for detailed responsibilities of the Supervisory Committee.*

**DECLARATION – WE, THE UNDERSIGNED, AGREE TO FORM THE SUPERVISORY COMMITTEE FOR THE ABOVE-IDENTIFIED STUDENT. WE DECLARE THAT WE WILL ADHERE TO THE POLICIES AND PROCEDURES OUTLINED BY THE GRADUATE STUDIES COMMITTEE OF StFX UNIVERSITY FOR THE SUPERVISION AND EDUCATION OF THE STUDENT.**

	Name (print)	Signature	Date (mm-dd-yyyy)
Primary Supervisor			
Co-Supervisor			
Committee Member			
Committee Member			
Committee Member			

#### Part C – Endorsement

Dean (print)	Signature	Date

*Copies of this form are to be distributed to the Program Coordinator or Department Chair, the Dean of the Faculty in which the student is registered, and the Office of the Associate VP Research and Graduate Studies by the date specified in the Graduate Studies Calendar of Events.*