

Use this form to:

- Declare a supervisor, change a supervisor, add or remove a 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 University of Waterloo.

For more information about this form, please review the [change of supervisor form web page](#).

Section 1: Student information

University of Waterloo student identification number _____
Last name(s) _____ First name(s) _____
Email _____ Faculty (e.g. Arts) _____
Department or School (e.g. History) _____ Program (e.g. MAsc, ECE) _____
Program level: master's doctoral
Study option: thesis master's research paper
Effective term: fall winter spring year _____ Number of terms completed in current program _____

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

 Declare a supervisor

Name of supervisor _____
Signature _____
Start date of financial support (mm/dd/yy) _____
Level of financial support _____

 Change a supervisor

Name of current supervisor _____
End date of financial support (mm/dd/yy) _____
Level of financial support _____

Name of new supervisor _____
Signature _____
Start date of financial support (mm/dd/yy) _____
Level of financial support _____

 Add/remove a co-supervisor(s)

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

Rationale for supervisor change(s): _____

Section 3: Approval signatures

Student _____ Date (mm/dd/yy) _____
Current Supervisor (if applicable) _____ Date (mm/dd/yy) _____
Graduate officer _____ Date (mm/dd/yy) _____
Associate dean, Faculty _____ Date (mm/dd/yy) _____