



UNIVERSITY OF
WATERLOO

FACULTY OF HEALTH
School of Public
Health Sciences

GERON401A/B Independent Study in Aging Agreement to Supervise (Form 401A/B)

Student name:

Student ID number:

Faculty:

Department/School:

SPHS supervisor information (to be completed by the supervisor)

Name:

Email:

Proposed start term and year

Fall

Winter

Spring

Year:

Proposed title (maximum of 30 characters, including spaces)

Short description of project (two to three sentences)

Please sign below indicating you agree to supervise the student's independent study in aging.

Supervisor's signature: _____

Date: