



Student ID	Student Last Name, First Name	
Department		Degree Program
Please ensure that all guidelines outlined in the Faculty of Graduate & Postdoctoral Studies 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 GPS 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 & Postdoctoral Studies use only:**  
SCN:

Signature & Date