**STUDENT MASTERS/PhD SUPERVISOR APPROVAL**

Student Name

Degree Sought:

Research Title:

Proposed Supervisor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution & Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In signing this document, I hereby commit to assuming financial responsibility for this student’s stipend throughout their graduate school tenure, regardless of their inability to secure other monies in the form of scholarships or awards**.

Supervisor(s) Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_