Proposed Arrangements for Graduate Student Supervision During Leave

Name of Supervisor:			
Graduate Program:		Faculty:	
Type of Leave: Z • OE Z ~	^ Z}o Œ•Z]‰ >	À	
Period of Leave:	^š Œš	,	<i>I</i>
During my leave, I plan to: Œ	u]v]v šZ ο P Œ Ç }μš•] ο Ρ Œ Ç (}Œ ~ šš		šZ o À ‰ Œ]}
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Students Currently Unde Supervision						
Complete A or B for each student						
A – Continuing Supervision		B-NOT Continuing Supervision				
Student's Nameprinted)	Student's Signature	Name of Interim	Interim Supervisor's	Student's Signature		
		Supervisor (printed)	Signature			

Signature of Supervisor

Signature of Graduate **ME**

Signature of Department Head/Dean in Non-Departmentalized Faculty