



HEALTH AND REHABILITATION SCIENCES CHANGE OF SUPERVISOR

Date: _____

Student Name: _____ Number: _____
(First name) (Last name)

Field of Study: _____ MSc PhD Please check (✓)

Start Date: _____ Expected End Date: _____

Current Supervisor: _____

Reason(s) for changing Supervisor:

Change of Supervisor was recommended by:

Student Supervisor Field Chair Health and Rehabilitation Program Office

New Supervisor:

Signature

I agree to these Supervisory changes

Student:

Signature

I agree to these Supervisory changes

HEALTH AND REHABILITATION SCIENCES PROGRAM OFFICE

Pamela Houghton

I agree to these Supervisory changes