Department of Geography
Request to Form or Alter Supervisory Committee
Master's Level

Date: _____

Student's Name: _____

Student Number: _____ **Program:** ◯ **MSc** ◯ **MA**

Date of Program Entry: _____

Area of Research: _____

_____

Supervisory Committee

A master's committee must consist of a minimum of two members: a supervisor and one additional member. The additional member can be a co-supervisor or a committee member from inside or outside of the department. Committee members in addition to the required two may be added at the discretion of the supervisor. All committees must be reviewed and approved by the Graduate Advisor.

Supervisor

Name: _____

Second Member

This person is a:

- ◯ Current committee member (previously approved)
- ◯ Proposed addition to the supervisory committee

This person is serving as a:

- ◯ Co-Supervisor
- ◯ Committee member

Name: _____

Affiliation(s): _____

What is the rationale for this person to serve on the supervisory committee?

_____

_____

_____

- ◯ CV will be e-mailed to geog2@uvic.ca.
- ◯ CV not needed – this person is faculty or adjunct faculty at UVic.

Additional Committee Member (Optional)

This person is a:

- ◯ Current committee member (previously approved)
- ◯ Proposed addition to the supervisory committee

Name: _____

Affiliation(s): _____

What is the rationale for this person to serve on the supervisory committee?

_____

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Conflict of Interest

Do any of your committee members have a connection that could be seen as a conflict of interest? This includes, but is not limited to, a spousal relationship, a romantic relationship, funding from the same grant, or any other relationship that could appear to compromise the ability of a member to evaluate a student's work in an unbiased way.

◯ No

◯ Yes

If yes, please provide information about how the possibility for a conflict of interest will be mitigated. If two or more committee members have a relationship that could be seen as a potential conflict of interest, there must be at least one additional committee member outside of the relationship.

_____

_____

_____

Student signature: _____ **Date:** _____

Supervisor signature: _____ **Date:** _____

Grad Advisor signature: _____ **Date:** _____