

## Identification of Supervisory Committee For Graduate Students

### Who can serve on my committee?

Normally committee members will be academics who have earned a PhD in a relevant discipline. They should have a record of scholarly work (as defined in the Collective Agreement between the faculty union and the university). Committee members should be either a full-time faculty member or Professor Emeritus at Saint Mary's. Individuals appointed as Adjunct Faculty may also serve.

Students should also check with their program coordinator—some programs have more detailed requirements.

### Does the Supervisor need any particular qualifications?

Yes. The Supervisor should:

- hold an earned PhD in a relevant discipline;
- have a demonstrable record of scholarly work, both past and present, as defined by the Collective Agreement between Saint Mary's University and Saint Mary's University Faculty Union, relevant to the Graduate Program;
- be able to provide evidence of having supervised (or co-supervised) thesis research at the appropriate level (e.g., at least at the Honour's level for supervision of a Master's student; at least at the Master's level for supervision of a PhD student); and,
- have been a member of a graduate student supervisory committee.

### Who approves the committee?

Usually the Graduate Program Coordinator. The Dean should be consulted in the case of any dispute about the qualifications of a potential committee member.

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#### STEP 1 - Student fill out sections 1 to 3

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#### 1. Provide your name and contact information

Student's Name \_\_\_\_\_ Student Number \_\_\_\_\_ A  
Email \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

#### 2. Graduate Program

Date Program Started \_\_\_\_\_  
Thesis Title (may be tentative) \_\_\_\_\_  
Proposed Courses \_\_\_\_\_

#### 3. Student Signature

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

**STEP 2 - Thesis Supervisor(s) Identification – The following agree to serve in a supervisory role for the above named student in the above named thesis.**

**Primary Supervisor**

\_\_\_\_\_  
Name Affiliation Signature

**Committee Member**

\_\_\_\_\_  
Name Affiliation Signature

**Committee Member**

\_\_\_\_\_  
Name Affiliation Signature

**Committee Member**

\_\_\_\_\_  
Name Affiliation Signature

**STEP 3 - Program Coordinator/Director approval**

- Student has been continually registered in program and is currently registered
- The Committee is appropriate for this student
- The Committee conforms to expectations set out in the FGSR Policy on Selection of Supervisors

**Name**

**Signature**

**Date**

**Return form to:**  
**Faculty of Graduate Studies and Research**  
**923 Robie Street, Atrium 210**  
**Halifax, NS, Canada, B3H 3C3**  
[fgsr@smu.ca](mailto:fgsr@smu.ca)

**FGSR USE ONLY**

Approved: Yes  No

Signature of Dean (FGSR) or Designate:

\_\_\_\_\_

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