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**School of Kinesiology and Health Sciences/École des sciences de l’activité physique**

**FACULTY SUPERVISOR FORM**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Program of Study:

* MHK - Major Paper Option
* MHK – Thesis Option
* PhD in HK

Student is planning to study:

* Full-Time
* Part-Time

Preferred semester to start program:

* Fall (Sep-Dec)
* Winter (Jan-Apr)
* Spring/Summer (May-Aug)

This form was completed:

* In Person
* Via E-mail

I have communicated with the student named above and I am willing to serve as the **Faculty Supervisor** if they are successful in their application to the graduate program indicated above.

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| Faculty Supervisor (Print Name) | Signature | Date |