**Thesis Research Proposal and Supervisor Agreement Form**

**Note:** This is not a registration form. This form serves to outline the proposed graduate thesis research and must be completed, and signed off, by the student and proposed faculty thesis supervisor.

|  |  |
| --- | --- |
| **Student** |  |
| **Student ID** |  |
| **Email** |  |
| **Programme** (indicate MSc or PhD) |  |

|  |  |
| --- | --- |
| **Supervisor & Department** |  |
| **Supervisor’s Email** |  |
| **Co-supervisor** (if applicable) |  |
| **Co-supervisor’s Email** |  |

**Part 1. Abstract of the proposed MSc/PhD thesis research**

(E.g.: Background/rationale, research question(s), aims; ~1 page, include additional pages as needed)

**Part 2. Agreement to Supervise**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ commit to supervise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Supervisor’s Name Graduate Student’s Name

**for the proposed thesis project for the MSc/PhD in Health Sciences.**

(Choose)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SignatureDate

**Part 3. Student Agreement**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SignatureDate

**Part 4. Confirmation of Support**

(To be completed by Supervisor)

**Student’s stipend to be paid from Supervisor’s grant for the duration of the MSc or PhD programme (start & anticipated end dates [MM/YYYY]): *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Name of grant (e.g. CIHR, NSERC, SSHRC, etc.):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Administered at (e.g. Carleton):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**