

**DEPARTMENT OF PSYCHOLOGY
SUPERVISOR/STUDENT AGREEMENT FORM**

Name of student: _____ ID#: _____

Faculty supervisor: _____

Department: _____ Program (B.A., B.Sc., M.A., Ph.D.): _____

First semester in program (e.g. Fall 13): _____ Expected end date (e.g. Summer 15): _____

Expectations of the supervisor (attach additional pages if necessary):

Expectations of the student (attach additional pages if necessary):

Milestones/approx. timeframe (e.g., prospectus by end of Fall11) (attach additional pages if necessary):

Notes on authorship of future publications/reports/presentations (attach additional pages if necessary):

Notes on data ownership (attach additional pages if necessary):

Your signatures on this form indicate that the above issues have been discussed and agreed upon by the student and the faculty supervisor prior to both parties signing this form. The faculty supervisor must provide a copy of this completed form to the student, they must keep one copy for themselves, and one copy must be submitted to the Graduate Office for the student's file.

Student (signature): _____ Date: _____

Faculty supervisor (signature): _____ Date: _____