

UBC School of Kinesiology
CHANGE REQUEST of RESEARCH SUPERVISOR

Please complete request form if there is a change from your current supervisor. Please meet with the Graduate Advisor to review, then obtain the appropriate signatures.

When complete, please return to the Graduate Program Assistant in room 210 of the War Memorial Gym.

Name:

Student Number:

Degree (MA, MKin, MSc, PhD):

Research Topic:

I am requesting to change my research supervisor from for the following reason:

Effective Date:

Signatures Required:

Student _____

Previous Supervisor _____ print name _____

Proposed Supervisor _____ print name _____

KIN Graduate Advisor _____ Date: _____