



Graduate Studies Supervisor Form

Any personal information collected on this form is protected under the Freedom of Information and Protection of Privacy Act. The information you provide will be used to update your OCAD U records. These records are only viewed by OCAD U administrative staff and are not released to any other parties.

Student Name:	Date:
Student Number:	Program:
Degree sought: <input type="checkbox"/> Master of Arts (MA) <input type="checkbox"/> Master of Fine Arts (MFA) <input type="checkbox"/> Master of Design (MDes)	Project: <input type="checkbox"/> Thesis <input type="checkbox"/> MRP

Supervisor Name:	Home Faculty:
Date When Advising Commences:	Role: <input type="checkbox"/> Principal Advisor <input type="checkbox"/> Secondary Advisor/Second Reader/Committee Member
Acknowledgement: <input type="checkbox"/> The Supervisor understands and acknowledges that compensation for graduate supervision is governed by the "Memorandum of Understanding – OCAD University Policy on Graduate Student Supervision – Compensation", between OCAD University and Ontario College of Art & Design Faculty Association ("OCADFA").	

	Name	Signature	Date
Student			
Faculty Member			
Graduate Program Director			