

## SCHOOL OF GRADUATE STUDIES

### THE APPROVALS PROCESS FOR GRADUATE SUPERVISION BY RETIREES

The Dean of the School of Graduate Studies has been authorized since 1979 to grant permission to retired faculty members to supervise graduate students.

As stated in the **Policy on Relations of Retired Faculty Members with the University**, When a faculty member retires - When a faculty member retires - and subsequently wishes to supervise graduate students, an application form for each new supervision proposed... The faculty member and the chair of the department must submit the application to the Dean of Graduate Studies.

### APPLICATION FOR POST-RETIREMENT SUPERVISION OF A GRADUATE STUDENT (Please type or print in black ink)

<b>NAME OF FACULTY MEMBER</b>			
<b>INFORMATION ABOUT THE STUDENT</b>			
<b>NAME OF GRADUATE STUDENT</b>		<b>STUDENT I.D.</b>	
<i>(PLEASE CHECK APPROPRIATE BOXES)</i>			
<b>MASTER S</b> <input type="checkbox"/>	<b>PH.D.</b> <input type="checkbox"/>	<b>FULL-TIME</b> <input type="checkbox"/>	<b>PART-TIME</b> <input type="checkbox"/>
<b>DEPARTMENT:</b>			
<b>DATE ENTERED (OR ENTERING) THE PROGRAM:</b>	<i>Year/Month/Day</i>	<i>/</i>	<i>/</i>
<b>ANTICIPATED DATE OF COMPLETION:</b>	<i>Year/Month/Day</i>	<i>/</i>	<i>/</i>
<b>MEANS OF FULFILLING THE UNIVERSITY S RESPONSIBILITIES TO THIS STUDENT</b>			
1. WHO WILL REPLACE YOU AS PRIMARY SUPERVISOR IF YOU ARE UNABLE OR DECLINE TO CONTINUE WITH THE SUPERVISION? PLEASE PROVIDE A LETTER OF CONFIRMATION FROM THAT PERSON.			
<b>REPLACEMENT S NAME</b>	<b>DEPT. MAILING ADDRESS</b>	<b>E-MAIL ADDRESS</b>	
2. WHAT ARRANGEMENTS WILL YOU MAKE FOR SUPERVISION AND CONSULTATION IF YOU ARE AWAY FROM CAMPUS FOR MORE THAN FOUR CONSECUTIVE WEEKS?			
3. IF THE STUDENT IS FULL -TIME, WHAT WILL BE THE SOURCE OF THE MONEY FOR THE STUDENT S SCHOLARSHIP?			

4. WHAT ARE THE ANTICIPATED COSTS FOR THE STUDENT'S RESEARCH, AND HOW WILL THEY BE FUNDED?

**RATIONALE FOR TAKING ON THIS STUDENT**

5. BRIEFLY DESCRIBE YOUR POST-RETIREMENT RESEARCH PLANS AND HOW THIS GRADUATE STUDENT FITS INTO THEM.

6. PLEASE ATTACH A ONE-PAGE LIST OF RECENT PUBLICATIONS AND/OR CONFERENCE PRESENTATIONS, GRANTS OR CONTRACTS CURRENTLY HELD OR APPLIED FOR, AND THE NAMES AND STATUS OF OTHER STUDENTS CURRENTLY BEING SUPERVISED.

<b>SIGNATURE OF RETIRED FACULTY</b>		<b>DATE:</b>
<b>CHAIR OF DEPARTMENT</b>	APPROVE [ ]    Do NOT APPROVE [ ]	SIGNATURE: _____ DATE: _____
<b>DEAN OF FACULTY</b>	APPROVE [ ]    Do NOT APPROVE [ ]	SIGNATURE: _____ DATE: _____
<b>DEAN OF GRADUATE STUDIES</b>	APPROVE [ ]    Do NOT APPROVE [ ]	SIGNATURE: _____ DATE: _____