



The intention of this Agreement is to clarify expectations between the Supervisor and the Student, and to provide the Student with information necessary for success. Both the Supervisor and the Student should retain a copy of the completed form, and the Supervisor/Program will also provide a copy to the Office of Graduate Studies (GradStudies@twu.ca).

Table with 2 columns: Student Name, Degree, Program, Expected Completion and Student ID#, Student Email, Research Supervisor, Program Director.

EXPECTATIONS of both the SUPERVISOR & STUDENT

Table with 3 columns: Student, Item of Discussion, Supervisor. Contains 7 rows of expectations with checkboxes.

The undersigned acknowledge that they, the Supervisor and Student, have together reviewed the above expectations, that reference materials, including policies, relating to graduate studies have been made accessible to the Student, and that clarification has been provided as requested.

Name of Graduate Student Signature of Graduate Student Date

Name of Research Supervisor Signature of Research Supervisor Date

OFFICE OF GRADUATE STUDIES ONLY. Date received from the supervisor/program: