



Graduate Studies in Psychology Supervisory Committee and Program Plan Form

This form must be completed and submitted to the Graduate Program Coordinator (Clinical or Psychological Science) **before the end of the first term after initial registration in a program.**

Student Number: _____ Last Name: _____ First Name: _____

Email Address: _____ Phone Number: _____

Program (M.A. or Ph.D.): _____ Specialization: _____

Program Start Date: _____ Program End Date: _____

Supervisory Committee

All Supervisory Committee members' eligibility is subject to UBC Senate Policy O-9. A Psychology M.A. Committee normally consists of at least three approved UBCO faculty members; one of whom is the student's research supervisor, plus at least one other non-adjunct, full-time UBCO faculty member. One member may be an eligible adjunct UBCO faculty member. At least two of the committee members must be faculty in the UBCO Psychology Department. All members of the supervisory committee are subject to the approval of the Dean of the College of Graduate Studies.

A Ph.D. Committee consists of at least three approved faculty members. One member is the student's research supervisor, who must be a regular faculty member of the Psychology Department. At least two of the members must be in the Psychology Department. With the approval of the Dean of the College of Graduate Studies, the committee may also include qualified persons who are not faculty members. When helpful, the student may add additional, approved committee members. With the approval of the supervisor, the department head, the graduate program coordinator, and the Dean of CoGS, a student may be able to make changes to their MA or PhD committee after it has been formed.

Committee Members:

	Last Name	First Name	Role (e.g., supervisor, member)	Academic Unit/Department
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Program Plan

	Course Name	Number of Credits	Instructor Name (for Directed Studies courses)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____

Comprehensives (for Ph.D. students only)

Indicate the Format (literature review, research project, grant proposal, or course development; for Clinical, one Comp must be a Clinical Case)

		Instructor/Supervisor
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Student's Signature

Print Student's Name

Date

Supervisor's Signature

Print Supervisor's Name

Date
