GRADUATE DEPARTMENT OF NURSING SCIENCE
Ph.D. Program

STATEMENT OF SUPERVISOR-STUDENT AGREEMENT

Completion of this form is required by all supervisors and all students at the beginning of their program. Conditions of supervision need to be reviewed annually. Any revisions to this agreement must be submitted in a revised and signed statement from the student and supervisor to the Graduate Chair/Coordinator. Signatures of student and supervisor indicate their intent to abide by the terms of this agreement.

Please Print
Student: ______________________________________________
Supervisor: ______________________________________________

A. GENERAL CONDITIONS OF SUPERVISION

Both supervisor and student have read the Department of Nursing Science requirements (Website: http://bloomberg.nursing.utoronto.ca) and School of Graduate Studies (SGS) policies pertaining to graduate degree programs and the SGS guidelines on intellectual property (Website: http://www.sgs.utoronto.ca/governance/policy/intellectualprop.htm).

The following conditions have been read and agreed upon by the supervisor and student:

The supervisor will:
  a. direct the graduate program of the student, facilitating completion of research, thesis writing, and defence within SGS regulation times;
  b. work out a time-line with the student (with advice from the supervisory committee) to complete the program within the required period;
  c. meet regularly with the student, at least every 6 months, at mutually established appointments;
  d. work with the student to arrange formal committee meetings at least once every year,
  e. return written submissions within the time frame negotiated with the student, usually no longer than 2 weeks;
  f. ensure appropriate continuing supervision of the student during any sabbatical or leave of absence from the University;
  g. complete all documentation requirements for the Department of Nursing Science and SGS;
  h. make every effort, in conjunction with the dissertation committee, to identify problems early in the program; the committee has the authority to recommend termination of a student’s program if insufficient progress or scholarly achievement is observed. The student must be given adequate warning of problems and a chance to correct deficiencies.

The student will:
  a. establish a time-line with the supervisor (and supervisory committee) to complete all elements of
the required program within the regulation time period;

b. meet regularly, at least every 6 months, with the supervisor to discuss her/his written submissions about the ongoing development of the dissertation proposal and subsequent thesis;

c. choose within the first year of the program, appropriate members for the program/dissertation advisory committee, in consultation with the supervisor;

d. arrange dissertation committee meetings at least once a year in consultation with supervisor, e. keep copies of all work and progress documentation, to be reviewed by supervisor and/or supervisory committee on request, including ethical approvals, patient consents, raw data, and analyses.

e. make written and oral reports to the supervisory committee giving details of progress to date, work remaining, and timetable for completion;

f. complete all documentation requirements for the Department of Nursing Science and SGS;

g. be prepared to discuss progress/ lack of progress in the program at the request of the supervisor and/or committee.

B. FUNDING

Both student and supervisor will make every reasonable effort to obtain funding for the usual 4-year full-time period for degree completion. All grants/award submissions to be administered by U of T require an RIS form and Associate Dean Research signature (Research Services-Rm. 205B)

Applications have been made, or will be made within the next calendar year, to the following agencies:

Funding has been received from the following source(s):

I have read the above statement and agree to follow the terms and provisions outlined.

Supervisor’s Signature______________________________ Date__________

Student’s Signature______________________________ Date__________

Graduate Coordinator’s Signature____________________ Date__________

Please return this form to the Registrar, Lawrence S. Bloomberg Faculty of Nursing, 130-155 College Street, Toronto, ON, M5T 1P8