



Doctoral Supervisor Agreement Form

Supervisor declaration

I agree to supervise the Doctoral thesis of _____
if admitted to a Doctoral program within the Lawrence S. Bloomberg Faculty of Nursing for
the 2023/24 academic year.

Signature of Supervisor:

Print Name _____

Date _____

Applicant declaration

I understand that a signature from the Supervisor included with my application does not guarantee
acceptance into a Doctoral program at the Lawrence S. Bloomberg Faculty of Nursing.

Signature of Applicant:

Print Name _____

Date _____
