Ph.D. Supervising Professor Appointment
Form LCOB D-2

This form is to be completed by the graduate student and filed with the Graduate Studies Office not later than the end of the term immediately following successful completion of the Ph.D. candidacy examination. University policy requires that the supervising professor be a tenured or tenure-track faculty member. If you wish to name a research or non-tenure-track faculty member as your supervisor, you must also select a co-supervisor who is a tenured or tenure-track faculty member. Please print all information.

Student Name (Last, First, Middle) _____________________________________________________________________

Student ID Number __________________________________________________________________________________

Supervising Professor ___________________________________________________ Ext. ______________________

has agreed to accept appointment as my supervising professor for work toward the Ph.D. degree in business, with a
Specialization in ____________________________________________________________________________________

The signatures below indicate review and approval by the following individuals/offices. Final approved copies will be
distributed by the Graduate Studies Office to all signers.

Date

Student ___________________________________________________________ __________________________

Supervising Professor ________________________________________________ __________________________

Co-supervising Professor (if relevant) ____________________________________ __________________________

Director of LeBow Ph.D. Program ______________________________________ __________________________

Graduate Studies Office ______________________________________________ __________________________

Revised July 2002