



**SCHOOL OF NURSING
PhD PROGRAM
PhD Supervisor – Applicant Form**

PART 1: TO BE COMPLETED BY THE APPLICANT:

Applicant's Name: _____

Starting Year: _____

Name of Faculty Member: _____

PART 2: TO BE COMPLETED BY THE FACULTY MEMBER:

1. Is there a fit between the student's research topic and your research interest and expertise?

Yes

No

2. If the applicant gains admission into the PhD in Nursing program, do you agree to be their PhD Supervisor?

Yes

No

I have discussed with the student my agreement to be their PhD supervisor if they gain admission to the Nursing PhD program at York University.

Faculty Member's Signature

Date

Student Applicant's Signature

Date

Please include this form as part of your application