



Interdisciplinary Studies Graduate Program

The University of British Columbia
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ISGP Applicant Home Department & Co-Supervisor Form

Applicant's Name: _____ Applying for: PhD _____ MA _____ MSc _____
Phone Number: _____ Email Address: _____

Dear Department Head, Co-Supervisors:

The Interdisciplinary Studies Graduate Program (ISGP) operates with the collaboration of other UBC departments and units. The faculty members identified on this form have agreed to co-supervise this student, and the Head, Director or Graduate Advisor is being asked to allow the chosen department to serve as this student's Home Department. Thank you for providing this support to this student and to the ISGP. If you have any questions, or wish to have further information about the ISGP, please contact me as listed below.

Dr. Steven Taubeneck, Interim Chair, ISGP
604-822-0954/604-822-9903
E-mail: taubenst@mail.ubc.ca

Department Head / Director/ Graduate Advisor of the applicant's Home Department:

Your signature affirms the willingness of your department / program to include this student in the intellectual and/or social life of your unit (department email lists, colloquia, social functions... etc.) Please note that this student's awards applications will be submitted through and adjudicated by the ISGP and our Advisory Committee. Please indicate below your agreement with the co-supervisor regarding support for this ISGP student.

Home Department: _____ **Department Head Name:** _____

Department Head Signature: _____

Co-Supervisors:

Your signatures confirm your willingness to advise and mentor the applicant for the duration of his/her program. The other co-supervisor is to be drawn from a different department or unit. **Please note:** One of the expectations of the ISGP is that home departments and/or co-supervisors will help secure funding on behalf of the ISGP students. Please indicate below the type of funding support you can potentially provide to this student:

- Teaching Assistantship (TA)
- Research Assistantship (RA)
- Student support decisions have not yet been made

1) Co-Supervisor Name:	2) Co-Supervisor Name:
Signature:	Signature:
Department:	Department:
Department Head Name:	Department Head Name:
Department Head Signature:	Department Head Signature: