



# Interdisciplinary PhD Program Letter of Commitment

School of Graduate Studies

*Adobe Reader, minimum version 8, is required to complete this form.* Download the latest version: <http://get.adobe.com/reader>. (1) Save the form by clicking on the diskette icon on the upper left side of the screen; (2) Ensure that you are saving the file in PDF format; (3) Specify where you would like to save the file, e.g. Desktop; (4) Fill in the required data and save the file; (5) Print, sign and send the completed form to

[School of Graduate Studies](#); Memorial University of Newfoundland; IIC-2012 (Bruneau Centre for Research and Innovation); St. John's, NL A1C 5S7 Canada Fax: 709.864.4702 eMail: [sgs@mun.ca](mailto:sgs@mun.ca)

Student Information			
<b>MUN No. (if known):</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Date of Birth:</b>	<b>Day:</b>	<b>Month:</b>	<b>Year:</b>
<b>eMail:</b>		<b>Telephone No.:</b>	
Regulation			
As part of an application for the Interdisciplinary PhD Program, at least three (3) regular faculty members from Memorial University must commit to supervising the proposed research project (each complete this form to confirm his/her commitment). Each form must be endorsed by the Head of the faculty member's academic unit. At least one faculty member must be from an academic unit that offers a PhD program.			
Appointment of the Supervisory Committee			
I agree to serve as:      (Co-) Supervisor      Committee member			
I have reviewed and approved the research proposal submitted by the student:		Yes	No
I agree to provide fellowship funding from my resources for the above student:		Yes	No
If yes, please indicate source (please indicate only funding support available to you):			
Amount <i>per annum</i> :		\$	
Name of Faculty Member:		Academic Unit:	
Signature:		Date:	
Endorsement of the Head of Member's Academic Unit			
I understand that the member of my department will be involved in the supervision of an Interdisciplinary PhD student and understand the student may take courses in my department. If the faculty member is (co-) supervising the student, I also understand that my unit should, to the extent possible, provide office space for this student.			
Signature:		Date:	

*Memorial University protects privacy and maintains the confidentiality of personal information. The information requested in this form is collected under the general authority of the Memorial University Act ([RSNL1990CHAPTER-7](#)). It is required for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information, please contact the Manager – Enrolment and Strategic Initiatives, School of Graduate Studies, at 709.864.2445 or at [sgs@mun.ca](mailto:sgs@mun.ca).*