



Interdisciplinary PhD - Letter of Commitment

Adobe Reader, minimum version 8, is required to complete this form.

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SCHOOL OF
GRADUATE STUDIES

1. Fill out the form completely and accurately, and save the form in PDF format.
2. Review <https://www.mun.ca/sgs/how-to-create-and-insert-a-digital-signature/> for instructions on how to digitally sign.
3. Please ensure that the head of your academic unit signs this form as well.
4. Name the file as follows: <Student Name and Number> - IDPhD Letter of Commitment of <Your Name>. (e.g. Doe, Jane 009876543 - IDPhD Letter of Commitment of Dr. Shizuka Fujiwara.pdf)
5. Forward the signed form to the student so they can submit on the online application portal.

Student Information			
MUN ID #, if known:	Last Name:	First Name:	Middle Name:
Date of Birth:	Day:	Month:	Year:
E-mail:	Telephone No.:		
Regulation			
As part of an application for the Interdisciplinary PhD Program, at least three (3) regular faculty members must commit to supervising the proposed research project (normally from Memorial University, although external (co-)supervisors/committee members are possible). You must complete this form to formalize your commitment to the applicant's research project, and the head of your unit must also sign.			
Appointment of the Supervisory Committee			
I agree to serve as: Supervisor 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 the source and amount <i>per annum</i> (only list funding support available to you):			
Name of faculty member:		E-mail address:	Telephone number:
Academic unit (and institution, if not Memorial):		Mailing address:	
Signature:		Date:	
Endorsement of the Head of Member's Academic Unit			
I acknowledge that the above-named faculty member in my academic unit will be involved in the supervision of an IDPhD student. I further acknowledge the student may take courses in my academic unit. If the said faculty member will be (co-)supervising the student, my academic unit will endeavour (where possible) to 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, RSNL 1990, c. M-7, and is required for the administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information, please dial (709) 864-2445, or write to sgs@mun.ca.

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