

ST. STEPHEN'S COLLEGE Thesis Supervisor Profile

Persons invited to serve as Thesis Supervisors at St. Stephen's College are asked to provide the following information for use in evaluating suitability in regard to the student's learning plan. If you are willing to provide the help, support, analysis and theological stimulus of supervision for a student, please fill out the enclosed form, and return it **with your resume** to the to the Chair, Department of Psychotherapy and Spirituality (for MPS Degree students), or Chair, Department of Theology (for MTS students). Mail: St. Stephen's College, University of Alberta Campus, 8810-112 Street, Edmonton, AB T6G 2J6. Department Chair emails: <https://www.ualberta.ca/st-stephens/about/faculty-and-staff/core-faculty.html>

Student Name	
Student Degree	

GENERAL INFORMATION	
Supervisor Name	
Mailing Address	
Phone	Email
Social Insurance Number	<i>Please provide your SIN to the College by phoning 780-439-7311 or 1-800-661-4956 [ask for Assistant Registrar]. Confidential information is kept in a secure location.</i>
Position held currently	

EDUCATION and EXPERIENCE	
Undergraduate Degree	
Graduate Degree	
Theological Education	
Other Education or Professional Training	
Professional/Vocational Experience (positions held/relevant responsibilities in last five years)	
Supervisory Training (experiences in thesis supervision, if any)	
Specialized Experience (advanced-level special skills, knowledge and experience related to student's proposed thesis)	
General Comments (anything that would help us recognize the appropriateness of your nomination as Thesis Supervisor)	

SIGNATURES	
In signing, I am indicating my availability and interest in serving as Thesis Supervisor for the above-named student, and my willingness to consult with the Department Chair as needed and abide by the designated circle of confidentiality. In the event that the student's thesis research requires ethics approval, the Thesis Supervisor will serve as the Principal Investigator (PI) of the study and is therefore responsible for the ethical conduct of the study (in accordance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 [2018]).	
Signature, Thesis Supervisor	Date

APPROVAL	
Signature, Department Chair or Research Director	Date
SUBMIT TO DEPARTMENT CHAIR	
ACADEMIC OFFICE USE	
Date received	
Supervisor entered in student record/instructor database	