

## **HEALTH SCIENCES GRADUATE STUDIES**

1280 Main Street West, HSC 4H4 Hamilton, ON L8S 4K1 Telephone: (905) 525-9140, Ext 21609

## **FHS Graduate Supervision Application**

Graduate student supervision is essential to the functioning of the Faculty of Health Sciences. All graduate supervisors must hold a faculty appointment at McMaster and demonstrate a commitment to research. Each program has additional standards for graduate supervisors. The FHS Graduate Studies Office will maintain a list of faculty members approved as graduate supervisors by the Vice-Dean.

To apply for graduate supervision, the following steps should be taken:

- 1) A conversation should be initiated between the faculty member and a graduate program about the faculty member's suitability for graduate supervision. They should clearly discuss what roles the program is willing recommend (i.e. full graduate supervision, supervision at the MSc level only, committees only).
- 2) The faculty member and/or graduate program should check to see if the faculty member is already on the list of approved FHS supervisors, or if they are approved to supervise in another faculty.
  - a. If a faculty member is approved to supervise in another faculty, only the first half of the supervisory form needs to be completed.
- 3) If the faculty member is not already approved for FHS, the assistant dean/director of the program agrees to sponsor the faculty member's application, indicating what roles are being recommended.
- 4) The program fills in and submits the Graduate Supervision application form, along with the faculty member's CV, to the Vice-Dean (cc'ing the Administrative Assistant). The faculty member may assist with filling in the form, but the program is responsible for submitting the document.
- 5) The form must be approved by the applicant, the assistant dean/director of the program, and chair of the applicant's department (digital signature or email approval is acceptable).
- 6) If the application is approved, the faculty member and sponsoring program will be notified via email and the faculty member can begin supervisory duties (\*note: supervisors and committee members must have a MacID). The faculty member will be added to the list of approved supervisors.
- 7) If the application is not successful, the faculty member and sponsoring program will be notified, with feedback.

Once a faculty member has been added to the list, they will only need approval from the assistant dean/director of the program to supervise in additional FHS graduate programs. Each program will maintain their own list of supervisors who have been approved by the Vice-Dean and the assistant dean/director of the program. The graduate program is responsible for confirming that a faculty member is on the FHS approved graduate supervision list before they begin supervision. The list will be shared with the School of Graduate Studies once per year.



## **HEALTH SCIENCES GRADUATE STUDIES**

1280 Main Street West, HSC 4H4 Hamilton, ON L8S 4K1 Telephone: (905) 525-9140, Ext 21609

## FHS Graduate Supervision Application Form

Name:	Preferred Email:
MacID*:	Sponsoring Program:
McMaster Faculty Appointment	Supervision level requested (select one):
Donortmant	<ul> <li>PhD and MSc Supervision</li> </ul>
Department:	<ul> <li>MSc Supervision</li> </ul>
Rank:	
	o MSc Supervision and PhD Committee Membership
	<ul> <li>PhD and MSc Committee Membership</li> </ul>
	MSc Committee Membership
Is the applicant approved to supervise in another faculty? Yes No	
If yes, Faculty:  Please note: if the applicant is approved in another faculty, do not fill out the rest of the form.	
Detail the applicant's suitability for supervision, addressing these considerations: 1. Research experience, including involvement in ongoing research programs 2. Experience with the culture of research and graduate supervision at McMaster 3. Funding available for graduate students (if applicable) 4. If the appointment is contractually limited, will the applicant be able to see a student through their program?	
Applicant's signature:	
Sponsoring Assistant Dean/Director signa	ature: Date:
Applicant's Department Head signature:	Date: