



**SCHOOL OF NURSING  
PhD PROGRAM  
PhD Supervisor – Applicant Form**

***PART 1: TO BE COMPLETED BY THE APPLICANT:***

Applicant's Name: \_\_\_\_\_

Starting Year: \_\_\_\_\_

Name of Faculty Member: \_\_\_\_\_

***PART 2: TO BE COMPLETED BY THE FACULTY MEMBER:***

1. Is there a fit between the student's research topic and your research interest and expertise?

Yes

No

2. If the applicant gains admission into the PhD in Nursing program, do you agree to be their PhD Supervisor?

Yes

No

I have discussed with the student my agreement to be their PhD supervisor if they gain admission to the Nursing PhD program at York University.

\_\_\_\_\_  
Faculty Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Applicant's Signature

\_\_\_\_\_  
Date

**Please include this form as part of your application**