Supervisory Form (revised Sept. 26, 2019)

Department of Italian Studies
Supervisory Form

Name _________________________                Student Number _________________________________

I have asked these three people to be on my supervisory committee, and they have agreed.

Student’s Signature _________________________________                   Date ______________________

Only the supervisor’s signature is required, unless you have both a supervisor and a co-supervisor. A co- supervisor signs as committee member A.

Supervisor’s Name ________________________________  Email ________________________________

I certify that the members listed here have agreed to serve on this student’s supervisory committee.

Supervisor’s Signature ______________________________      Date ______________________

Supervisory Committee Member (A): __________________________ Department _______________

   Is this person your Co-Supervisor? Y / N   Email _____________________

Yes only: Co-Supervisor’s Signature _________________________  Date _______________

Supervisory Committee Member (B): __________________________ Department _______________

   Email ______________________________

Graduate Coordinator’s Signature: __________________________ Date: _________________

Admin: Date Received __________________
### Library Requirements:

Will this dissertation require access to materials not available at the University of Toronto or through interlibrary loan? If so, where are the material located?

How much time will likely be involved in working with other archives and collections?

### Language Requirements:

In what language do you plan to write your thesis?

Are any languages other than English and Italian are REQUIRED for your research?

What is your competence in these languages? If necessary, indicate how you plan to attain the required levels of proficiency?