

**GRADUATE STUDIES
DEPARTMENT OF ENGLISH
THE UNIVERSITY OF MANITOBA**

Advisor Agreement (M.A.)

Advisor agreement for M.A. candidate _____
(Please print name) (Student #)

Please let this document stand as a formal statement that you agree to act as M.A. advisor for the above student.

Professor: _____
(Please print) (Signature)

Date: _____

Graduate Chair Signature: _____

NOTE: The student should name an advisor, who has accepted this role via signature on this form, no later than the end of second term (April 30th).

A Guide to Graduate Studies in English

cc. Advisor
Student
Faculty of Graduate Studies