

Scotia Scholar Award: Supervisor Agreement

Student Name: _____
Administering Institution: _____
Supervisor Name: _____
Supervisor Contact Information:
(*email, phone*) _____

I, _____ hereby agree to act as the supervisor for this project if the applicant receives a Scotia Scholar Award, understanding my responsibilities to include the following:

- To review and approve the student's Progress report(s) (when applicable), work plans (when applicable) and Final reports to ensure they accurately represent the project's progress and results.
- To notify Research Nova Scotia and the administering institution's student funding office if the student is no longer involved in the project, or the project topic and objectives change significantly from the submitted proposal.
- To notify Research Nova Scotia if I am no longer able to supervise the student, or should I no longer be employed at the administering institution noted above.
- To assist Research Nova Scotia with retrieving overdue reports. Supervisors will be copied on all reminder emails to students.

You may wish to know that Scotia Scholar Awardees will consent to the information provided in their application and reports being disseminated for the purpose of payment, monitoring, evaluation of the grant/award, and other administrative purposes. An applicant's plain language summary may be made available on RNS's website, and in reports, documents, and other disclosures to government, partners, stakeholders and/or the public.

Supervisor's Name and Title (please print)

Date

Supervisor's Signature

