

**Dalhousie University, Faculty of Agriculture**  
**Confirmation of Graduate Student Supervision and Financial Support**

The minimum duration of funding support is six semesters (2 years).

The minimum recommended level of funding for graduate students in the M.Sc. Agriculture program beginning their program in May, 2015 is as follows:

Canadian student	1 <sup>st</sup> year	\$22,500
Canadian student	2 <sup>nd</sup> and following years	\$19,000
International student	1 <sup>st</sup> year	\$28,000
International student	2 <sup>nd</sup> year	\$24,500
International student	3 <sup>rd</sup> and following years	\$19,000

**A: Full Support**      Start Date: \_\_\_\_\_

I commit to supervising the graduate program and research of \_\_\_\_\_ for the period of \_\_\_\_\_ semesters at the rate of \$\_\_\_\_\_ per semester (\$\_\_\_\_\_ per year).

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**OR/**

**B: Partial Support**      Start Date: \_\_\_\_\_

I commit to supervising the graduate program and research of \_\_\_\_\_ for the period of \_\_\_\_\_ semesters subject to the student obtaining the following scholarship:

Name of scholarship: \_\_\_\_\_

valued at \$\_\_\_\_\_ for \_\_\_\_\_ semesters.

I commit to providing additional funding to the student to a value of \$\_\_\_\_\_ semester for \_\_\_\_\_ semesters.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**OR/**

**C: Self-funded**            Start Date: \_\_\_\_\_

I commit to supervising the graduate program and research of  
\_\_\_\_\_ as a self-funded student  
for the period of \_\_\_\_\_ semesters.

I will attempt to find sources of funding to assist the student but there is no commitment on my part for such funding.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

.....

**Approved by Department Chair:**

Department: \_\_\_\_\_  
Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

.....

**Accepted by Student:**

I accept the above level of financial support. I understand that I am personally responsible for living costs, tuition and fees, and books required for course work.

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

(Student's signature is required before application will be sent to Faculty of Graduate Studies for approval. A scanned copy of the form with signature is acceptable.)