

**ST. STEPHEN'S COLLEGE**  
**Master of Theological Studies**  
**CULMINATING PAPER SUPERVISOR'S PROFILE**

Persons invited to serve as Supervisors of the Culminating Paper in the Master of Theological Studies (MTS) Program at St. Stephen's College are asked to provide the following information for use in evaluating suitability in regard to the student's learning plan. If you are willing to provide the help, support, analysis and theological stimulus of supervision for a student, please fill out the enclosed form and résumé and return to the Chair of the Department of Theology, St. Stephen's College, 8810-112 Street, Edmonton, AB T6G 2J6.

<b>Name of Student</b>	
<b>Start Date</b>	

<b>GENERAL INFORMATION</b>	
SUPERVISOR NAME	
FULL MAILING ADDRESS	
PHONE	
EMAIL	
SOCIAL INSURANCE NUMBER	<i>To ensure privacy of information, Associate Faculty who receive payment for teaching or supervising students are asked to provide their social insurance number to the College by phoning 780-439-7311 or 1-800-661-4956. Confidential information is kept in a secure location at the College.</i>
POSITION HELD CURRENTLY	

<b>EDUCATION</b>	
UNIVERSITY DEGREE	
GRADUATE STUDIES	
THEOLOGICAL EDUCATION	
OTHER EDUCATION OR PROFESSIONAL TRAINING	

<b>PROFESSIONAL/VOCATIONAL EXPERIENCE</b>	
Please list positions held or special relevant responsibilities assigned in the last five years:	

<b>GENERAL COMMENTS</b>	
Anything else that would help us recognize the appropriateness of your nomination as Supervisor for this student:	

<b>SIGNATURES</b>	
In signing, I am indicating my availability and interest in serving as Supervisor of student _____, and my willingness to consult with the Department Chair as needed as well as abide by the designated circle of confidentiality.	
Signature, Supervisor	Date

<b>APPROVAL</b>	
Signature, Department Chair	Date

**FORWARD TO  
DEPARTMENT CHAIR**

<b>ACADEMIC OFFICE USE ONLY</b>	
Date Received	_____
Entered in database	_____