



Reset Form

Master's Research Project Examination

This signed form and ONE DIGITAL copy of the Master's Research Project is to be submitted to the Graduate Programs Office for distribution to the supervisor and reader.

Student's Name: [ ] Student #: [ ]

Student's UWO E-mail: [ ]

Title of Project: [ ]

Name of Project Supervisor: [ ]

Name of Second Reader: [ ]

APPROVAL SIGNATURES:

Student: [ ] Date: [ ]

Supervisor: [ ] Date: [ ]

Second Reader: [ ] Date: [ ]

Associate Dean: (Graduate Programs) [ ] Date: [ ]

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