

# Preliminary Research Project Report

Date: \_\_\_\_\_

Student's name: \_\_\_\_\_

Student's 8-digit CWID number: \_\_\_\_\_

Mark for exam: Pass \_\_\_ Fail \_\_\_

## **Signatures:**

Committee chair: \_\_\_\_\_

Committee member: \_\_\_\_\_

Committee member: \_\_\_\_\_

Committee member: \_\_\_\_\_

The completed report should be returned to the graduate director.