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Canadian Excellence
LAURIER
Faculty of Graduate Studies

Student's LAST Name:

Student's FIRST Name:

WLU ID:

DEPARTMENT:

MASTER'S STUDENT - Proposal Approval Form

(to be retained in the program office)

Click here to CLEAR all fields

complete all relevant sections

PART 1: TO BE COMPLETED BY STUDENT AND GRADUATE OFFICER

Complete Part 1 of this form, PRINT and SIGN the form; forward it to your GRADUATE OFFICER for required signatures.

This Research Proposal is for a → ☐ Major Research Paper ☐ Thesis

Working Title of the Research Project or Thesis

Provide the names of your committee members (LAST NAME, First Name)

	Last Name	First Name	Signature
Advisor			
Committee Member 1			
Committee Member 2			
Committee Member 3			

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Student's Signature | **Date**

COMMITTEE MEMBERSHIP APPROVAL - TO BE COMPLETED BY THE GRADUATE OFFICER

By signing below, the GRADUATE OFFICER verifies that each member of the committee (listed above) has Graduate Faculty Status and is thereby eligible to serve on this committee.

Graduate Officer's Signature | **Date**

PART 2: REQUIRED APPROVALS

THESIS/RESEARCH PAPER PROPOSAL APPROVAL - TO BE COMPLETED BY THE COMMITTEE MEMBERS

All members of the committee, listed above, must provide approval of the Research Project or Thesis by signing below.

Advisor's Signature | **Date**

Committee Member 1 Signature | **Date**

Committee Member 2 Signature | **Date**

Committee Member 3 Signature | **Date**