***Veterinary Medical Sciences Research Proposal Approval***

**(for MSc students only)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Date: |  |
|  |  |  |  |
| Name of Student: |  | Name of Supervisor(s): |  |
| Department: |  | Department: |  |

***The Research proposal for the above mentioned student has been:***

[ ]  *accepted with minor comments and revisions*

[ ]  *accepted with the following conditions and revisions:*

*Conditions:*

[ ]  *The Supervisor will review and approve the revisions*

[ ]   *A meeting with individual members of the Committee (list below) is required to review and approve the revisions*

[ ]   *A second Supervisory Committee meeting is required to review and approve the revisions*

*Revisions (please list):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student name printed |  | Student signature |  | Date |
|  |  |  |  |  |
| Supervisor name printed |  | Supervisor signature |  | Date |
|  |  |  |  |  |
| Co-Supervisor name printed |  | Co-Supervisor signature |  | Date |
|  |  |  |  |  |
| Supervisory Committee member name printed |  | Supervisory Committee member signature |  | Date |
|  |  |  |  |  |
| Supervisory Committee member name printed |  | Supervisory Committee member signature |  | Date |
|  |  |  |  |  |
| Supervisory Committee member name printed |  | Supervisory Committee member signature |  | Date |

***Office of Research and Graduate Education Use Only***

Date Received:

Graduate Training Manager’s Signature: