



SCHOOL OF
GRADUATE STUDIES

Supervisory Approval Form

Adobe Reader, minimum version 8, is required to complete this form. Download the latest version at <http://get.adobe.com/reader>. (1) Save the form by clicking on the diskette icon on the upper left side of the screen; (2) Ensure that you are saving the file in PDF format; (3) Specify where you would like to save the file, e.g. Desktop; (4) Review the [How to create and insert a digital signature](#) webpage for step by step instructions; (5) Fill in the required data and save the file; (6) Send the completed form with a thesis/project report/internship report/paper folio/practicum to: sgs@mun.ca.

Student Information				
MUN #:	Last Name:	First Name:	Middle Name:	
Degree:		Academic Unit:		
Check One:				
Thesis	Project Report	Internship Report	Paper Folio	Practicum
Thesis/Project/Internship/Folio/Practicum Title:				
Statement				
I have read the completed the thesis/project report/internship report/paper folio/practicum to be submitted by the candidate in partial fulfilment of the above degree. Ethics approval for human research has been granted by the appropriate Research Ethics Board and is attached to this form (if applicable).				
Signatures				
I concur/do not concur with this submission for examination. (This statement does not necessarily imply approval of its contents.)				
Name of Supervisor:				
Date:	Signature _____			
I concur/do not concur with this submission for examination. (This statement does not necessarily imply approval of its contents.)				
Name of Co-Supervisor:				
Date:	Signature _____			
I concur/do not concur with this submission for examination. (This statement does not necessarily imply approval of its contents.)				
Name of Co-Supervisor:				
Date:	Signature _____			
I concur/do not concur with this submission for examination. (This statement does not necessarily imply approval of its contents.)				
Name of Supervisory Committee Member:				
Date:	Signature _____			
I concur/do not concur with this submission for examination. (This statement does not necessarily imply approval of its contents.)				
Name of Supervisory Committee Member:				
Date:	Signature _____			

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