



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) Fill in the required data, save and print the file; (5) Send the completed form with a thesis/project report/internship report/paper folio/practicum to

[School of Graduate Studies](#); Memorial University of Newfoundland; IIC-2012 (Bruneau Centre for Research and Innovation); St. John's, NL A1C 5S7 Canada Fax: 709.864.4702 eMail: 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. | | | | |
| 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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