

CONSENT/APPROVAL FORM

****Please attach this form to your proposal****

Student Name: _____ *Student Number:* _____

Date: _____

Supervisor(s): _____

Course code and units: _____ *Term or Session:* _____
(one of GPHY 501/3.0; GPHY 502/3.0; GPHY 503/6.0)

Lab Work: Yes / No

If Yes, please indicate if training was/will be provided:

WHMIS trained: Yes / No

Signatures:

I agree to supervise this "Special Studies in Geography" or "Research and Thesis in Geography" provide the final grade:

Professor Name E-mail

Professor Signature Date

I agree to co-supervise this independent study program (if two supervisors):

Professor Date

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Departmental Approval:

Associate Head - Undergraduate Program Date