|  |  |
| --- | --- |
| Student Name |  |
| Student Number |  |
| Project Title |  |
|  |  |
| Project Description | (fill in below, or attach as a Word document) |
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| Ethics Review Form: | Complete | Not Complete | Not Applicable |

|  |  |  |
| --- | --- | --- |
| Timetable for the Project✪ | | |
|  | Start date |  |
|  | Completion date |  |
| * Students are reminded that projects must be completed within two years, following the completion of the course work. | | |

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|  |  |  |
| Student Name (printed) |  | Student (signature) |
|  |  |  |
|  |  |  |
| Project Supervisor Name (printed) |  | Project Supervisor (signature) |
|  |  |  |
|  |  |  |
| Committee Member Name (printed) |  | Committee Member Name (signature) |
|  |  |  |
|  |  |  |
| Chair of FEGSC (printed) |  | Chair of FEGSC (signature) |