Faculty of Education

Graduate Studies Program

**07.760 Project**

**Supervision Request Form**

(to be completed by the student & then emailed to: facultyedgrad@brandonu.ca )

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |   | **Student** **Number** |  |
| **Department** |  | **Department Chair** |  |
| **Phone (H)** |   | **Phone (W)** |  |
| **Email (H)** |  | **Email (W)** |  |

|  |
| --- |
| Project Title: |
| Description: |
|   |
|  |
|  |
|  |
|  |
| Student Bio: |
|  |
|  |
|  |
|  |
|  | Anticipated Start date: |
|  | Anticipated Completion date (max 2 years for project): |
|  | Approved by: (Chair of Graduate Studies) Date:  |