

# Faculty of Education

## Approval of Project Proposal

University of Lethbridge ID Number

Today's Date (DD/MMM/YYYY)

This form is to be used to officially approve a Project Proposal for Master of Education and Master of Counselling students. Students should submit the completed form, ensuring the Project Supervisory Committee members have signed the form, to the Office of Graduate Studies and Research in Education. The Project Proposal, which outlines the components of the Project, should be developed in conjunction with the supervisor. The Project Proposal should be attached.

The Project Supervisory Committee should be approved (see *Project Supervisory Committee* form) prior to submitting this form.

This form does not constitute registration in the Project course(s). For registration procedures contact the Office of Graduate Studies and Research in Education ([edu.masters@uleth.ca](mailto:edu.masters@uleth.ca) or [master.counselling@uleth.ca](mailto:master.counselling@uleth.ca)).

**NOTE:** Registration in and subsequent withdrawal from the Project will impact student transcripts and fees.

**Review the program specific Policies & Procedures for detailed information** ([www.ulethbridge.ca/graduate-studies/policies-procedures](http://www.ulethbridge.ca/graduate-studies/policies-procedures)).

### Student information

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Master of Counselling       Master of Education - Cohort (e.g., Curriculum and Assessment): \_\_\_\_\_

Year/Term of Start in Program: \_\_\_\_\_

Proposed Project title:

### To be completed by Project Supervisory Committee:

**Your signature indicates that you have read and approve of the student's Project Proposal:**

Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Co-Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Associate Dean, Graduate Studies and Research in Education authorization

**Approval:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean, Graduate Studies and Research in Education