

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 Faculty of Education students. Students should submit the completed 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.**

This form does not constitute registration in the Project course. For registration procedures contact the Office of Graduate Studies and Research in Education (edu.masters@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 (<u>www.ulethbridge.ca/graduate-studies/policies-procedures</u>).

Student information		
Surname:	Given Name(s):	
☐ Master of Counselling		
☐ Master of Education: ☐ Counselling Ps	ychology 🛘 Educational Leadership 🗖 Gen	eral – Cohort:
Year/Term of Start in Program:		
Proposed Project title:		
To be completed by Project Sup	ervisory Committee:	
	d and approve of the student's Project Propos	al:
(Co) Supervisor Name:	Signature:	Date:
(Co) Supervisor Name:	Signature:	Date:
Committee Member Name:	Signature:	Date:
Committee Member Name:	Signature:	Date:
Associate Dean, Graduate Studi	es and Research in Education auth	orization
Approval:		
Name:	Signature:	Date:
Associate Dean, Graduate Studies and Rese	arch in Education	

The personal information on this form is collected pursuant to the *Post-secondary Learning Act* and the *Freedom of Information and Protection of Privacy Act* for student program approvals. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at 4401 University Drive, Lethbridge, AB T1K 3M4; foip@uleth.ca; 403-332-4620.