FACULTY OF SCIENCE



Science Internship Office

Science Career Centre ST 068 2500 University Drive NW Calgary, AB, Canada T2N 1N4 science.ucalgary.ca/internship

Research Project - Faculty Supervisor Approval Form

| Student Information: | |
|---------------------------------|--|
| Student Name: | Work Term Dates: |
| UCID: | |
| | |
| Supervisor Information: | |
| First and Last Name: | |
| Position Title: | |
| Report Type: | |
| | |
| Supervisor Consent: | |
| I have reviewed the attached re | port and approve the progress of the student in the project. |
| | |
| | |
| | |
| | |
| | |
| | |
| Signature(s) | |
| | |
| | |
| | |
| | |
| | |
| | |
| Date (DD/MM/YY) | |