



Comprehensive University Enhancement Fund  
Undergraduate Student Research Experience Award Program (U-REAP)  
APPENDIX A

Project Final Approval

Name of Faculty Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_

Faculty/School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Student ID: \_\_\_\_\_

Title of Project: \_\_\_\_\_

As supervisor of the above named project, I certify that the final project meets the following requirements (initial beside each item):

1. In the completion of this project, the student has completed, met, or exceeded the outcomes identified by the student in his or her project proposal. \_\_\_\_\_
  
2. That the final report submitted by the student meets all discipline-specific requirements of a publication-quality research report at a university level. \_\_\_\_\_
  
3. That the scope and depth of the research carried out by the student meets the professional standards of university quality research. \_\_\_\_\_

I have read the final project report for this student and agree that it reflects the quality and standards for a Thompson Rivers University CUEF U-REAP project.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward to Office of Research and Graduate Studies, CT225, or email document to [studentresearch@tru.ca](mailto:studentresearch@tru.ca)