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 research@tru.ca