

THOMPSON RIVERS UNIVERSITY
DEPARTMENT OF BIOLOGICAL SCIENCES
HONOURS PROGRAM

Project assessment by proposed supervisor

This form must be completed and returned to the B.Sc. Advisor in April when submitting the Honours application form.

Student Name _____ Student No. _____

Title of Project _____

I confirm that I have discussed the proposed Honours project with the above student. In my judgement:

- the project constitutes original research;
- the project is feasible within the context and time frame of an Honours program;
- the project will require a significant intellectual contribution from the student.

In addition, the funding, equipment and supplies needed for this project have been identified and will be available.

I agree to supervise/co-supervise this student during the course of his/her Honours program.

External co-supervisors: please provide a current copy of your *Curriculum vitae* to the B.Sc. Advisor, Thompson Rivers University, by April 30.

Signature of TRU Supervisor _____ Date _____

Signature of External Co-supervisor _____ Date _____
(if applicable)