



This form is to be completed and signed by the student and their research supervisor(s) upon approval of their Master’s Research Proposal.

Student Information	
Student First Name:	Student Last Name:
McGill ID:	Email Address:
Degree and level of study:	Signature:
Program: Human Development	Date (mm/dd/yyyy):

Master’s Research Proposal	
Proposed Thesis Title:	
Research Proposal Description:	
Additional information (ie. Source of data set; plan for data collection, etc.)	

NOTE: The undersigned confirms their approval of the abovementioned student’s Master’s Research Proposal topic.

ECP Research Supervisor	
Full Name, Title:	ECP Program area:
McGill ID:	Email Address:
Approval Signature:	Date (mm/dd/yyyy):

ECP Research Co-supervisor	
Full Name, Title:	ECP Program area:
McGill ID:	Email Address:
Approval Signature:	Date (mm/dd/yyyy):