

Confirmation of Supervisor's Name

For students in the research project option only.

Submit this form by email to grad.med@uottawa.ca.

Student identification

FIRST NAME

LAST NAME

STUDENT NUMBER

Graduate program

Program: BCH CMM MIC NSC

Supervisor Identification

NAME OF THE SUPERVISOR

SUPERVISOR EMAIL

NAME OF THE CO SUPERVISOR (IF APPLICABLE)

CO SUPERVISOR EMAIL

Title of the Research Project

Signatures

SIGNATURE (STUDENT)

DATE (YYYY-MM-DD)

SIGNATURE (SUPERVISOR)

DATE (YYYY-MM-DD)

SIGNATURE (CO-SUPERVISOR)

DATE (YYYY-MM-DD)

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