**CONFIRMATION OF METHODOLOGY**

This form is to be filled out by Supervisors in cases where a Student-Researcher’s academic program does not require the research proposal to be reviewed by a thesis committee.

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| --- | --- |
| **Title of Project:** | Click here to enter text. |
| **Name(s) of Supervisor(s):** | Click here to enter text. |
| Faculty:  | Click here to enter text. | Email: | Click here to enter text. |
| School/Dept: | Click here to enter text. | Tel. #: | Click here to enter text. |
|  |  |  |
| **Name of Student-Researcher:** | Click here to enter text. |
| Faculty:  | Click here to enter text. | Email: | Click here to enter text. |
| School/Dept: | Click here to enter text. | Tel. #: | Click here to enter text. |
|  |  |  |
| **Project Type (check one option below)** |  |
| \_\_\_ Doctoral thesis \_\_\_ Master’s major project | \_\_\_ Master’s thesis\_\_\_ 4th- year project | \_\_\_ Independent student project\_\_\_ Other (specify): Click here to enter text. |

**Attestation:**

I have reviewed the chosen methodology utilized in the context of this research project and hereby confirm that it meets the relevant disciplinary scholarly standards.

Click here to enter text.Click here to enter text.

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| --- | --- | --- |
| Supervisor’s signature  |  | Date  |
| Click here to enter text. |  | Click here to enter text. |
| Co-Supervisor’s signature  |  | Date |