67 Erb Street West, Waterloo, Ontario Canada N2L 6C2

GLOBAL GOVERNANCE - MRP SUPERVISOR FORM

This form should be completed and returned to the Program Coordinator (Maha Eid) by November 15

PROPOSED TITLE		
Click or tap here to enter text.		
Name: Click or ta	p here to enter text.	ID #: Click or tap here to enter text.
BRIEF STATEMENT OF PROPOSED MRP		
In a paragraph, please describe the main research question and give some indication of how you will proceed. Attach the statement to this document or type in the space below.		
will proceed. Attach the statement to this document of type in the space below.		
Click here to enter	text.	
RESEARCH SUPERVISORS - TWO REQUIRED		
Identify your Supervisor and Second Reader below. Their signatures indicates approval of your research statement.		
rescaren statemen		
Main Supervisor	: Click or tap here to enter text.	Click or tap here to enter text.
	Print Name	Signature
Second Reader:	Click or tap here to enter text.	Click or tap here to enter text.
	Print Name	Signature
Click or tap here to enter text.		Click or tap to enter a date.
Graduate Chair		Date