

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

GLOBAL GOVERNANCE - MRP SUPERVISOR FORM

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

PROPOSED TITLE	
Name:	ID #:
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.	
RESEARCH SUPERVISORS – TWO REQUIRED	
Identify your Supervisor and Second Reader below. Their signatures indicates approval of your research statement.	
research statement.	
Main Supervisor:	
Print Name	Signature
	orginatur e
Cocond Doodon	
Second Reader:	
Print Name	Signature

Graduate Chair

Date