 **College of Pharmacy and Nutrition**

**MSc or PhD Initial Project Description**

Please complete this form and submit it to all committee members and the Associate Dean, Research and Graduate Affairs at least five working days before your *Approval of Program of Studies* meeting.

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| **Student Name:** | |  | | | | |
| **Supervisor(s):** | |  | | | | |
| **Program:** | |  | **MSc** |  |  | **PhD** |
|  | | | | | | |
| **BRIEF PROJECT DESCRIPTION FOR APPROVAL OF PROGRAM OF STUDIES COMMITTEE MEETING** | | | | | | |
| In the space provided, please give a brief description of your proposed research project, including context and proposed experimental approach. You may include your objectives and proposed hypothesis if these have been developed. The provided information will be used to spark discussion with your committee, and it is understood that your project may change from what is described here. | | | | | | |
| **Project Title:** |  | | | | | |
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