



Comprehensive University Enhancement Fund
Undergraduate Student Research Experience Award Program (U-REAP)
APPENDIX A

Project Final Approval

Name of Faculty Supervisor: _____

Department: _____

Faculty/School: _____

Name of Student: _____

Student ID: _____

Title of Project: _____

As supervisor of the above named project, I certify that the final project meets the following requirements (initial beside each item):

1. In the completion of this project, the student has completed, met, or exceeded the outcomes identified by the student in his or her project proposal. _____

2. That the final report submitted by the student meets all discipline-specific requirements of a publication-quality research report at a university level. _____

3. That the scope and depth of the research carried out by the student meets the professional standards of university quality research. _____

I have read the final project report for this student and agree that it reflects the quality and standards for a Thompson Rivers University CUEF U-REAP project.

Signature: _____

Date: _____

Please forward to Office of Research and Graduate Studies, CT225, or email document to studentresearch@tru.ca