

**APPROVAL OF RESEARCH REVIEW PAPER EXAMINATION**

Please submit this form, and a copy of the final Research Review Paper to the program office.

<b>Student Information</b>	
Name	
Student Number	Date
Email Address	
<b>Research Review Paper Information</b>	
Program field in which the RRP best fits:	
Title of Research Review Paper:	
<b>Oral Examination Information</b>	
Date of Oral Exam:	Oral Exam Waived by Committee:
<b>Supervisory Committee Information</b>	
By signing below, the committee confirms their approval of the research review paper.	
Supervisor:	
Supervisor Signature:	
Member:	
Member's Signature:	
Member:	
Member's Signature	
<b>Student Permission</b>	
I agree to share this RRP with other students.	
I do not wish to share this RRP with other students.	

Student Signature: