



Department of Integrative Biology  
**PhD RESEARCH PROPOSAL FORM**

Student Name:

Student ID Number:

Degree:

---

Meeting Date:

Advisor:

Co-advisor:

**Please return form to the Integrative Biology Graduate Program Assistant, Sarah Erbarescu in SSC2483 or [cbsib@uoguelph.ca](mailto:cbsib@uoguelph.ca).**

The members listed below are the Advisory Committee for the above-named candidate, certify by their signature that the research proposal has been presented and is:

Name	Signature	Date	Acceptable	Not Acceptable

---

**\*\* Department of Integrative Biology ONLY:**

Date Received:

All Grads File:

Concerns:

Received by: