



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

Student Name:

Student ID Number:

Degree:

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Meeting Date:

Advisor:

Co-advisor:

**Please return this form to the Integrative Biology 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

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

Date Received:

All Grads File:

Concerns:

Received by: