

MAJOR RESEARCH PAPER

DECLARATION FORM

Student Name: _____

Student Number: _____

MRP Topic of Study: _____

Student Signature: _____ **Date:** _____

Name of Supervisor: _____

Supervisor's Comments: _____

Supervisor's Signature: _____ **Date:** _____

Commencement of Supervision (Fall / Winter / Summer term): circle one

Fall Term: September

Winter Term: January

Summer Term: May