
Faculty Supervisor*: _____ (print and sign name)

Associate Chair: _____ Date: _____

*By signing this form you indicate that you approve of the LOI and agree to serve as supervisor. This entails providing guidance to the student with respect to the research project (including preparation of the LOI, research proposal and final report) and training and educating the student, providing

Background (Why is this research important?)

Research Question (What question are you trying to answer?)

Scientific approach (How will you attempt to answer this question?)

