

Registration to Research Project

MGT 6997 (6 credits)

Student Name: _____ Student #: _____

Supervisor: _____

Session: Fall Winter Spring/Summer

Topic:

Frequency of meetings: _____

Method of evaluation:

I certify that the above information is true and complete. I agree to abide by all regulations of the Telfer School of Management and of the University of Ottawa

Signature of student

Date

I have agreed to supervise this student in the course outlined above.

The research proposal is attached

Signature of supervisor

Date

Signature of program director

Date