



Graduate Studies: Resources and Safety

(to be attached to research proposal)

Name of Student _____

Name of Supervisor _____

Degree **M.Sc. / Ph.D.** (please circle)

Research Type **Analytical / Numerical / Experimental** (please circle)

Necessary Resources:

A. Faculty Resources: _____

B. Other Resources: _____

Safety approvals for Experimental Research:

___ Experiment has received safety approval

___ Experiment has yet to receive safety approval (*)

(*) Responsibility of supervisor within 3 months of research topic approval

Supervisor's signature _____

Date _____