

Faculty Approval

Main Applicant Name:

To be completed by a faculty member with a continuous undergraduate appointment to the Faculty of Arts & Science, St. George, who is familiar with the project and can attest to its academic merit and the student's ability to complete the proposed project.

Faculty Supervisor Name:

Email:

Department:

Phone Number:

Comments on the strength of proposed activity:

Comments on the strength of the applicant:

Comments on applicant(s) ability to undertake the proposed activity in an international context:

Signature: