

ACADIA UNIVERSITY
SCHOOL OF EDUCATION

Request for Project Supervisor

Name: Acadia ID#

Program: Date of Program Entry:

Year you plan to graduate:

Circle one: Winter/Spring /Summer/Fall

Please outline in 2-3 paragraphs an overview of the topic you wish to be the focus of your project. Use the back of this sheet if necessary.

Name of supervisor:

Supervisor's signature

Name of internal reader

Internal reader's signature