

Submission of Master's Project or Major Paper

Student Name: Student Number:

Please include the address and contact information where you can be reached upon graduation.

Address:

Email: Phone:

Degree Name in Full (Master of Applied Science):

Name of Program:

Name(s) of Supervisor(s):

Title of Project or Major Paper: Project Paper

Key words (up to five):

Abstract (up to 100 words)

Student's Declaration:

I hereby declare that I am the sole author of this Master's Project. I authorize the University of Ontario Institute of Technology to lend this project to other institutions or individuals for the purpose of scholarly research.

Name of Student Signature Date (dd/mmm/yyyy)

I further authorize the University of Ontario Institute of Technology to reproduce this project by photocopying or by other means, in total or in part, at the request of other institutions or individuals for the purpose of scholarly research.

Name of Student Signature Date (dd/mmm/yyyy)

Checked and forwarded by the Graduate Program Staff:

Name Signature Date (dd/mmm/yyyy)