



## MSc. Proposal Approval Confirmation

The Integrated Program in Neuroscience, McGill University

Dear MSc. Student,

Please have **ALL** advisory committee members sign below, indicating their approval of your Master's thesis proposal. This form **MUST** be signed and returned to the IPN office before a seminar can proceed.

The completed form should be forwarded to the IPN Office, room 141 of the Montreal Neurological Institute, via e-mail ([ipn@mcgill.ca](mailto:ipn@mcgill.ca)) or in person.

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To the Advisory Committee Members,

By signing below, I indicate my approval of

(Student's name <please print>): \_\_\_\_\_'s MSc. thesis proposal.

Supervisor's Name (Please print)	Supervisor's Signature	Date

Committee Member (Please print)	Committee Member's Signature	Date

Committee Member (Please print)	Committee Member's Signature	Date

Committee Member (Please print)	Committee Member's Signature	Date

Committee Member (Please print)	Committee Member's Signature	Date