



MHSc Nutrition Communication

MRP SUPERVISOR AND READER FINAL REPORT

Student's Name:

Student's ID:

Major Research Paper TITLE:

Assessment based on project plan checklist:

Expectations of MRP Plan:

MET

UNMET

Supervisor's Signature

Date

Reader's Signature

Date

Supervisor: Please submit completed form to the graduate program director and copy your student.

APPROVAL

Graduate Program Director

Date