



Honours Research Project
ISAP 4906\4907\4908 [1.0 credit]

It is the student's responsibility to obtain the required signatures on this form and email to Michelle Santoianni, **three (3) business days prior to the last day of fall\winter or summer registration.**

Notice of Collection

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990 c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information please contact Michelle Santoianni, FIPPA Representative for the Institute of Environmental and Interdisciplinary Science, 4442 Herzberg Building, Carleton University, 1125 Colonel By Drive, Ottawa, ON K1S 5B6, Tel: 613-520-4461.

Student's name: _____ Student number: _____

Supervisor Name (print) _____

Supervisor Signature: _____ Date: _____

If you have an off-campus, supervisor please complete the information below:

Co-supervisor Name (print) _____

Co-supervisor's signature: _____ Date: _____

Location of Off-Campus Supervisor: _____

Email Address of Off-Campus Supervisor: _____

Brief Description including Topic: (attach a separate sheet if necessary)