TOOLTIP REPLACEMENT FORM

*To be completed by student

STUDENT NAME: ____________________________________________

STUDENT NUMBER: _________________________________________

Proposed topic name: _______________________________________

Offering Department: _______________________________________

_________________________________________________________

Student's signature                                      Date

________________________________________________________________

Supervisor's signature                                   Date

________________________________________________________________

*To be completed by Department

The above topic may replace:

___ 1 MMG Topic

Graduate Coordinator’s signature                        Date

________________________________________________________________