



THOMPSON RIVERS
UNIVERSITY

**Project Exit Registration and Approval
Form
Master of Education
FACULTY OF EDUCATION**

Date: _____

Student Name: _____ Student Number: _____

Project Topic/ Title (Tentative): _____

Supervisor Name: _____

2nd Supervisor Name (if applicable): _____

Final Project: As a culminating course for students in the project stream of the Master of Education, students engage in developing an educational project that provides an opportunity to apply learning. Students in taking this exit option complete 24 credits through regular courses and six credits through the project course (EDUC 5180). To complete the final project, students work one-on-one with a supervisor over two terms. It is recommended that the student and the supervisor meet on a regular basis, but the two parties determine the frequency and specific schedule. Students bring their own learning interests and questions of study to the course, but also the supervisor's expertise is brought to the course. Examples of final projects include curriculum development, program development, resource development, innovations, etc. A report paper summarizing the project as well as a summative presentation to a community of inquiry, including peer colleagues and instructors, rounds out the final project course. Successful completion of the project requires discipline, self-regulation, and ability to work independently. Students are responsible for requesting meetings to obtain guidance.

Courses Completed to Date and Grade (Please include course number, course name, and term when completed):

Courses to be completed and expected completion dates:

Timeline for Project completion (Tentative):

EDUC 5180 Project start date: _____

Outline: _____

First Draft: _____

Final Draft: _____

Presentation: _____

Final Submission: _____

Student Comments:

Student: _____
Signature

Date: _____

Supervisor Comments:

Supervisor: _____
Signature

Date: _____

2nd Supervisor (if applicable): _____
Signature

Date: _____

MEd Coordinator Approval: _____
Signature

Date: _____