

GRIP Completion Form

Name: _____ Student Number: _____

Graduate Program: _____

Supervisor/Advisor: _____

Graduate Student

- I have viewed the *Plenary Video*.
- I have completed the 5 integrity topics including the case studies and self-checks.
- I have participated in a *Case-Study Workshop* within my academic unit.

I have provided my supervisor/advisor with the following:

- a printout of my *Case Study Score Sheet*
- a copy of the feedback from my five self-checks
- a copy of my *Journal Entry*

Signed: _____ Date: _____

Memorial University protects your privacy and maintains the confidentiality of your personal information. The information requested in this form is collected under the general authority of the Memorial University Act (RSNL1990CHAPTER-7). It is required for the processing of your GRIP program completion and for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information, please contact the Assistant Registrar, School of Graduate Studies at 737-2445 or at sgs@mun.ca.

Case Study Workshop Facilitator

_____ has participated in a departmental case-study
(Name)
workshop held on _____.
(Date)

Signed: _____ Date: _____

Supervisor/Advisor

I have received and discussed the following with _____ :
(Name)
 the *Case Study Score Sheet*
 the feedback from my five self-checks
 the *Journal Entry*

Signed: _____ Date: _____

Supervisor/Advisor, submit this completed form to the Dean, School of Graduate Studies.