



McGill University
School of Social Work

SWRK 690
MSW Independent Study Project

SUBMISSION FORM

Student Name: _____ **St. ID #:** _____

Email: _____

Address: _____

_____ **Postal Code**

Phone #: [Home] _____ [Work] _____

Advisor: _____

Program Stream: _____

Title of ISP: _____

Graduation Date: _____

Signature

Date

CONGRATULATIONS!