**SSRA Research Report Cover Page**

For SSRA Credit Students only

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| --- | --- |
| **Project Title:** |  |
| **SSRA Project Number:** |  |
| **Student Name:** |  |
| **Student Number:** |  |
| **Laboratory / Institute:** |  |
| **Supervisor(s):** |  |
| **Word Count:** |  |
| **Student Signature:** |  |
| **Supervisor Signature:** |  |

**Submission Deadline:**

6th August 2025 12.00 (noon) via Brightspace under Assignment 2 saved as a PDF using your PROJECT NUMBER and Name in the subject line .