

MS Biology Special Project Proposal Acceptance Form

Step One

Student Information

Name:

Student ID:

Address:

City:

State:

Zip Code:

Semester:

Number of Credits Completed:

Title of Special Project:

Special Project Advisor:

Special Project 2nd Reader:

Special Project 3rd Reader:

Program Chairperson:

Student's Statement: I recognize that once my committee and department chair approve my proposal, I am expected to complete the scholarly work described in the proposal in accordance with department and School of Graduate Studies requirements. I have consulted with my advisor regarding the procedure for obtaining appropriate ethical review and IRB or IACUC approval of my research and I am attaching a copy of the approval(s) to this document.

NOTE: It is my responsibility, as the student, to send ALL final signed forms and attached proposal to the Biology Graduate Coordinator.

Student's Signature:

Date:

(mm/dd/yyyy)

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Abstract: The abstract is to be no more than 250 words in English understandable by a lay reader. The abstract is to indicate the nature of the Special Project, any hypotheses to be tested, and any research methodology and/or statistical procedures used.

Date of Anticipated Completion of Special Project: _____
(mm/dd/yyyy)

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(To be filled out by Special Project Advisor)

Advisor/Reader/Chairperson Statement: We, the undersigned faculty, have reviewed the Special Project entitled:

submitted by_____. The proposal was submitted using the format, a generally accepted format within the Masters in Biology. *(If 'other' format style please specify here_____.)*

We have also reviewed the content of the proposal and find the content at a generally accepted level for graduate education at the Masters level, and the overall nature of the proposal suitable as the capstone project for the Masters in Biology.

Signature of Special Project Advisor:

Date:

(mm/dd/yyyy)

Signature of Special Project 2nd Reader:

Date:

(mm/dd/yyyy)

Signature of Special Project 3rd Reader:

Date:

(mm/dd/yyyy)

Signature of Graduate Coordinator:

Date:

(mm/dd/yyyy)

Signature of Department Chairperson:

Date:

(mm/dd/yyyy)