Name:		Student I.D.:
Address:		
City:	State:	Zip Code:
Program:		_ Number of Credits Completed:
Title of		
Name of		
Name of	·	
Name of		
Chairperson:		
proposal, I am expected to co with department and School	omplete the scholarl of Graduate Studies obtaining appropriat	committee and department chair approve my y work described in the proposal in accordance requirements. I have consulted with my advisor e ethical review and IRB or IACUC approval of proval(s) to this document.
Student's Signature:		

## **Special Project, Thesis or Dissertation Proposal Acceptance**

Date: \_\_\_\_\_ (*mm/dd/yyyy*)

## **Special Project, Thesis or Dissertation Proposal Acceptance**

**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, Thesis or Dissertation, any hypotheses to be tested, and any research methodology and/or statistical procedures used.

Date of Anticipated Completion of Special Project/Thesis/Dissertation:

\_\_\_\_\_(*mm/dd/yyyy*)

## **Special Project, Thesis or Dissertation Proposal Acceptance**

(7	o be filled out by Special Project/Thesis/Dissertation Advisor)
Advisor/Reader/	Chairperson Statement: We, the undersigned faculty, have reviewed the
Special Project/Tl	nesis/Dissertation Proposal entitled
	submitted by
	The proposal was submitted using the, a generally
accepted format v	vithin the
	(If other, please specify the format style here.)
We have also revi	ewed the content of the proposal and find the content at a generally accepted
level for graduate	education at the level, and the overall nature of the
proposal suitable	as the capstone project for the
Signature of	
Date:	_(mm/dd/yyyy)
Signature of	
Date:	_(mm/dd/yyyy)
Signature of	
Date:	_(mm/dd/yyyy)
Signature of Chai	rperson:
Date:	_( <i>mm/dd/</i> yyyy)