

Type of Project: ___ Independent Study ___ Tutorial ___ Research ___ Thesis ___ Internship

1. _____
CWID Degree or Certificate Program **Registration Term**

2. _____
Last Name First Name Middle / Maiden Name

DEPT. (EVSS)	NO. (690)	CR. (3)	PROJECT TITLE

Description of Project: (attach another sheet if needed)	
Research Requirements: (including bibliography, materials, equipment - attach another sheet if needed)	
Evaluation Criteria and Procedures:	

Student Signature

Date

Faculty Supervisor Signature

Date

Program Director Signature

Date

Dean of the Graduate School Signature

Date

GSO STAFF ONLY	
Processed by: _____	Date: _____
CRN: _____	Section: _____