

Course # _____ Term _____

Please read and follow directions carefully. Student Must:

- AFTER APPROPRIATE REVIEW AND APPROVAL, IT WILL BE GIVEN TO THE DIRECTOR OF THE GRADUATE EDUCATION PROGRAM FOR DEPARTMENTAL CONSIDERATION. YOU WILL BE NOTIFIED AS SOON AS POSSIBLE REGARDING THE STATUS OF YOUR PROPOSAL.

NAME	R#
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Address

Telephone _____

Term of Study: Fall Spring Summer

Credits Requested (a maximum of 3 credits per semester is permitted)

Department _____ **Faculty Sponsor** _____

Academic Advisor

TITLE OF PROJECT: (This will appear on your transcript. Please stay within the spaces allotted. Use one box per character, including punctuation and spacing.)

[illegible]

PURPOSE OF STUDY

- a. List specific objectives:
- b. Describe how this research project furthers your course of study:

REQUIRED ACADEMIC TIME:

List the activities (conferences, library research, lab research, studio work, writing, etc.) in which you will engage in order to meet your objectives and estimate the amount of time each will require. Keep in mind that to earn one course unit you should average 9-12 hours of work per week in fall or spring term or 30-40 per week in winter.

PRELIMINARY BIBLIOGRAPHY:

List titles and authors of books, periodicals, journals and other sources. Attach a separate sheet, if necessary.

MEANS OF EVALUATION: Indicate below the criteria upon which your grade will be based. Please estimate the percentage in each category that applies to your study and give a brief description of each.

- 1.) _____ % Paper
- 2.) _____ % Journal
- 3.) _____ % Lab/Studio
- 4.) _____ % Exam: Oral/Written
- 5.) _____ % Other

Course units requested per term: _____

Signature of student: _____

Date: _____

Sponsor: _____

Date: _____

Department Head: _____

Date: _____

Approved:

I certify that the department has approved this study.

Modifications Required:

List and return to student. If student wishes to pursue the project, he/she must make the modifications required and return the proposal for departmental approval. If subsequently approved, initial that the changes have been made.

Rejected:

The department will not reconsider this proposal. (List reasons and return to student.)

ACADEMIC OFFICE

(To be completed by the Department Head)

Approved:

Forward to the Registrar's Office

Rejected:

This project is not approved for the reasons listed below.
We will not reconsider this proposal.