



# Master's Research Project Outline & Approval Form

**NUR 7998**

Student's Name \_\_\_\_\_ Please Print Soc.Sec.# \_\_\_\_\_ Academic

Major \_\_\_\_\_ Advisor \_\_\_\_\_

I am completing a NUR 7998 1 credit  2 credits  3 credits

**Students considering future doctoral study are strongly advised to take the 3-credit option**

I am working with another student: Yes  No  If Yes: Name: \_\_\_\_\_

Problem or Issue Statement

Methods (Design, Sample, Instrument, Data Analysis)

Significance

\_\_\_\_\_/\_\_\_\_\_  
Research Advisor's Signature Date Student's Signature Date

\_\_\_\_\_/\_\_\_\_\_  
Co-Advisor/Chair Signature\* Date

Approved by the Graduate Officer \_\_\_\_\_/\_\_\_\_\_  
Date

\*\*\* Signature necessary if Research Advisor is adjunct faculty