



FORM 3B

APPROVAL OF SPECIAL PROJECT

STEP 3

TO: *Dean, School of Graduate Studies, Henry Barnard, Room 102*

FROM:

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Primary Special Project Advisor

Department

**Attached is an original of the approved special project and three (3) copies of the abstract prepared by:**

Name:	CCSU ID:
Street:	Phone:
City/State/Zip:	
Country:	Date:

<b>DEGREE</b> (circle one): MA MS MBA <b>PROGRAM:</b>
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<b>Title of Special Project:</b>
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**Check Appropriate Box**

<p>If Human or Animal subjects are involved, attach your proposal to either the - HSC <input type="checkbox"/> or IACUC <input type="checkbox"/></p> <p><input type="checkbox"/> No Human or Animal subjects were involved.</p>
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**Required Signatures:**

Primary Special Project Advisor:

Signature	Print Name	Date
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Committee Member:

Signature	Print Name	Date
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Committee Member:

Signature	Print Name	Date
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Committee Member:

Signature	Print Name	Date
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**Accepted By:**

	Print Name Glynis Fitzgerald	Date
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**Dean, School of Graduate Studies**



