



**FORM 2B**

**APPROVAL OF SPECIAL PROJECT PROPOSAL**

**STEP 2**

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

**FROM:**

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Primary Special Project Advisor

Department

**Attached Approved Special Project Proposal 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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Title of Special Project:
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**Check Appropriate Box**

<b>If Human or Animal subjects are involved, attach your proposal to either the - HSC <input type="checkbox"/> or IACUC <input type="checkbox"/></b> <input type="checkbox"/> <b>No Human or Animal subjects are involved.</b>
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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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