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

FROM:  
Primary Special Project Advisor

Attended 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:  

DEGREE (circle one):  MA  MS  PROGRAM:

Title of Special Project:

Check Appropriate Box

If Human or Animal subjects are involved, attach your proposal to either the - HSC  □  or IACUC  □

☐  No Human or Animal subjects were involved.

Required Signatures:

Primary Special Project Advisor:
Signature  Print Name  Date

Committee Member:
Signature  Print Name  Date

Committee Member:
Signature  Print Name  Date

Committee Member:
Signature  Print Name  Date

Accepted By:
Print Name  Date

Dean, School of Graduate Studies

Revised 10/10/14