TO: Dean, School of Graduate Studies

FROM: Primary Special Project Advisor

DEPARTMENT

SUBJECT: Approval of Special Project Proposal

Attached you will find one copy of the approved Special Project Proposal prepared by:

Name: CCSU ID:
Street: Phone: (H) (    )
City/State/Zip: (W) (    )
Country: Date:
Major: Degree Program: Email:

Title of Approved Special Project Outline:

If human or animal subjects are involved, your proposal to HSC or IACUC should be attached.

REQUIRED SPECIAL PROJECT PROPOSAL SIGNATURES:

Primary Special Project Advisor:
Date Approved by Primary Special Project Advisor:
Committee Member:
Committee Member:
Committee Member:

ACCEPTED BY:

Assoc. V.P. for Academic Affairs/Dean, School of Graduate Studies Date Approved