



**Graduate School--Central Connecticut State University, New Britain CT 06050  
Special Project Approval Form**

**TO: Dean of Graduate Studies**

**FROM:**

<i>Primary Special Project Advisor</i>	<i>Department</i>

**SUBJECT: Approval of Special Project**

**Attached you will find an original of the approved special project prepared by:**

<b>Name:</b>	<b>Social Security #:</b>
<b>Street:</b>	<b>Telephone Nos.: (H) ( )</b>
<b>City/St/Zip:</b>	<b>(W) ( )</b>
<b>Country:</b>	<b>Date:</b>
<b>Major:</b>	<b>Degree Program:</b>

<b>Special Project Title:</b>
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If human or animal subjects were involved, have you included HSC or IACUC approval in the appendix of the special project? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**REQUIRED SPECIAL PROJECT APPROVAL SIGNATURES:**

<b>Primary Special Project Advisor:</b>
<b>Date Approved by Primary Special Project Advisor:</b>
<b>Committee Member:</b>
<b>Committee Member:</b>
<b>Committee Member:</b>

**ACCEPTED BY:**

<i>Dean of Graduate Studies</i>

<b>Date Accepted by Dean of Graduate Studies:</b>
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