

PERMISSION FOR INDIVIDUAL CAPSTONE PROJECT

FULL NAME (PLEASE PRINT)		UOG ID NO.	
PHONE:	WORK:	CELL:	EMAIL:

<input type="checkbox"/> THESIS	<input type="checkbox"/> INTERNSHIP WITH REPORT	<input type="checkbox"/> CREATIVE THESIS	<input type="checkbox"/> PORTFOLIO REVIEW
<input type="checkbox"/> OTHER	<input type="checkbox"/> RESEARCH PAPER	<input type="checkbox"/> JOURNAL ARTICLE	<input type="checkbox"/> SPECIAL PROJECT

PROPOSED TITLE OR TOPIC (SUBJECT TO CHANGE) _____	
IDENTIFY STYLE MANUAL OR JOURNAL TO USE FOR THIS PROJECT _____	
WILL THE RESEARCH DESIGN INVOLVE HUMAN SUBJECTS?	Y N
WILL THE RESEARCH DESIGN INVOLVE VERTEBRATE ANIMAL SUBJECTS?	Y N
ARE THERE EXTERNAL FUNDS TO BE USED RELATED TO THE PROJECT?	Y N
GOAL FOR PROPOSAL DEFENSE DATE (N/A FOR SPECIAL PROJECTS) _____	GOAL FOR FINAL DEFENSE DATE _____

ADVISORY COMMITTEE	NAME	POSITION	SIGNATURE
CHAIR	_____	_____	_____
MEMBER	_____	_____	_____
MEMBER	_____	_____	_____
ADDITIONAL MEMBER (OPTIONAL)	_____	_____	_____
ADDITIONAL MEMBER (OPTIONAL)	_____	_____	_____

<p>STUDENT ACKNOWLEDGMENTS:</p> <p>I, the undersigned, understand that I am responsible for:</p> <ol style="list-style-type: none"> 1. arranging for meetings with my chair at least once a semester 2. attempting to set and meet deadlines and timelines 3. maintaining enrollment in 695 credits until the thesis is completed or terminated, if attempting a thesis 4. applying for appropriate IRB or IACUC review, as appropriate 5. applying to graduate prior to my final semester <p>_____</p> <p>Student's Signature</p>	<p>CHAIR ACKNOWLEDGMENTS:</p> <p>I, the undersigned, confirm that I am reasonably available for:</p> <ol style="list-style-type: none"> 1. meeting with my student whenever needed 2. guiding my student's deadlines and timelines 3. providing feedback in a timely manner 4. sponsoring the IRB or IACUC review 5. evaluate if enough progress has been shown to merit IP grade <p>_____</p> <p>Chair's Signature</p>
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<p>_____</p>	<p>GRADUATE PROGRAM CHAIR</p> <p>My signature indicates that this student is a Candidate in our program, the faculty on the advisory committee are acceptable to the program, and that the project parameters indicated above are appropriate to our program.</p>
<p>_____</p>	<p>ACADEMIC DEAN</p> <p>Approval for Thesis/ Special Project to Proceed</p>

Approved copy of this form to be forwarded to Graduate Admissions for records purposes.