

## PERMISSION FOR INDIVIDUAL CAPSTONE PROJECT

FULL NAME (PLEASE PRINT)			UOG ID NO.		
PHONE: V	NORK: C	ELL:	E	EMAIL:	
[ ] THESIS	[ ] INTERNSHIP WITH REPORT (EV)		[ ] CREATIVE THESIS (E	N) [ ] PORTFOLIO REVIEW (EN)	
	[ ] RESEARCH PAPER (EV)		[ ] JOURNAL ARTICLE (E	EN) [ ] 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		Υ	N	<del></del>	
WILL THE RESEARCH DESIGN INVOLVE VERTEBRATE ANIMAL SUBJECTS?		Y	N		
ARE THERE EXTERNAL FUNDS TO BE USED RELATED TO THE PROJECT?		Υ	N		
GOAL FOR PROPOSAL DEFENSE DATE (N/A	FOR SPECIAL PROJECTS)	Go	GOAL FOR FINAL DEFENSE DATE		
ADVISORY COMMITTEE	NAME		Position	SIGNATURE	
CHAIR					
MEMBER					
MEMBER					
ADDITIONAL MEMBER (OPTIONAL)		_			
ADDITIONAL MEMBER (OPTIONAL)		_			
STUDENT ACKNOWLEDGMENTS:			CHAIR ACKNOWLEDGMENTS:		
I, the undersigned, understand that I am responsible for:			I, the undersigned, confirm that I am reasonably available for:		
arranging for meetings with my chair at least once a semester			meeting with my student whenever needed		
2. attempting to set and meet deadlines and timelines			guiding my student's deadlines and timelines		
3. maintaining enrollment in 695 credits until the thesis is completed or terminated,			providing feedback in a timely manner		
if attempting a thesis			sponsoring the IRB or IACUC review		
4. applying for appropriate IRB or IACUC review, as appropriate			5. evaluate if	enough progress has been shown to merit IP grade	
<ol><li>applying to graduate prior to r</li></ol>	my final semester				
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			Chair's Signature		
Student's Signature					
GRADUATE PROGRAM CHAIR  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					
ACADEMIC DEAN					
Approval for Thesis/ Special Project to Proce			Proceed		

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