

PROPOSAL FOR CULMINATING EXPERIENCE

895: FIELD STUDY OR APPLIED RESEARCH

Complete and file this form with the Division of Graduate Studies in accordance with guidelines published in the University *Bulletin*.

STUDENT: COMPLETE OFFICIAL DEGREE TITLE FROM BULLETIN

Master of _____ Major _____

Concentration or Emphasis (if applicable) _____

This proposal is: New Revised

Name: _____ Student ID: _____

Address: _____ Phone(s): _____

City/State/Zip: _____ E-mail: _____

CHECK ADDITIONAL REQUIREMENTS FOR 895: FIELD STUDY OR APPLIED RESEARCH, IF REQUIRED:

Written Comprehensive Examination Oral Comprehensive Examination/Oral Defense

TITLE OF FIELD STUDY OR APPLIED RESEARCH:

(Note: Titles are limited to twelve (12) words. Any changes must be reported to Graduate Studies in advance of filing completed work)

DESCRIPTION: Very briefly indicate: 1) Purpose of study, 2) Methods of data collection, (e.g. interviews, surveys, electronic recordings, video/audio tapes, observations), and 3) From What Source(s) (e.g. literature, publicly available data, animals, human subjects, content experts/key informants only).

Project Involves Human Subjects Yes No .

If yes, PAF Attached or PAF Submitted Previously to ORSP .

Project Involves Vertebrate Animals/Products Yes No .

If yes, APAF Attached or APAF Submitted Previously to ORSP .

NOTE: NO WORK CAN BE DONE WITH HUMAN OR ANIMAL SUBJECTS BEFORE RECEIVING APPROVAL.

SUPERVISING COMMITTEE: A minimum of two tenured (or tenure track) faculty members from the student's major department must serve on the culminating experience committee (see *Bulletin* for details).

Committee Chair:

1. _____ TYPE NAME, ACADEMIC RANK, AND DEPARTMENT EMAIL REQUIRED

Other Committee Member(s):

2. _____ SIGNATURE TYPE NAME, ACADEMIC RANK, AND DEPARTMENT

3. _____ SIGNATURE TYPE NAME, ACADEMIC RANK, AND DEPARTMENT

Department Chair/Graduate Coordinator: I have reviewed the above proposal including the composition of the supervising committee and find it acceptable for meeting the culminating experience requirement for the master's degree in the major indicated.

SIGNATURE OF DEPARTMENT CHAIR/GRAD COORDINATOR _____ DATE _____

FOR OFFICE USE ONLY

ORSP No Yes Sent to ORSP _____ Received ORSP _____ Accepted by Chair CPH/AS Initial _____

Accepted by Division of Graduate Studies _____ Date _____