

PROPOSAL FOR CULMINATING EXPERIENCE
895: FIELD STUDY OR APPLIED RESEARCH

REPORT OF COMPLETION REQUIRED

Complete, print and file this form with the Division of Graduate Studies in accordance with guidelines published in the University *Bulletin*.
NO HANDWRITTEN FORMS WILL BE ACCEPTED

1. Official Degree Title as listed in the University Bulletin:

Master of _____ Major _____
 Concentration or emphasis (if applicable) _____

2. Name _____ Student ID _____
 Address _____ Phone _____
 City/State/Zip _____ Email _____

3. This proposal is **New** **Revised (withdrawing previous proposal)**

4. **I plan to register for the 895 course in (enter term and year):** _____ **or** **I previously registered for the 895**

5. **Title (Limit 12 words):** (Report any title change to the Division of Graduate Studies prior to filing completed work.)

6. Description (must fit in space allotted):

Indicate: (1) Purpose of study or problem statement, (2) Methods or process, and (3) Assumptions or significance of work.

7. Project involves research with: **Humans** Yes No **Vertebrate Animals/Products** Yes No

If **Yes** is checked above, a **Protocol:** is attached was previously submitted to ORSP-Human/Animal Protections

NOTE: NO RESEARCH CAN BE DONE WITH HUMANS OR ANIMALS BEFORE RECEIVING APPROVAL

8. SUPERVISING COMMITTEE: must include a minimum of two TENURED or TENURE TRACK faculty members from the student's major department
Committee Chair:

SIGNATURE

TYPE/PRINT NAME, ACADEMIC RANK AND DEPT.

EMAIL (REQUIRED)

Other committee member(s):

2nd

SIGNATURE

TYPE/PRINT NAME, ACADEMIC RANK AND DEPT.

3rd

SIGNATURE

TYPE/PRINT NAME, ACADEMIC RANK AND DEPT.

9. 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

TYPE/ PRINT NAME AND TITLE

DATE

FOR OFFICE USE ONLY

ORSP-HAP No Yes Sent to ORSP-HAP on _____ Accepted by ORSP-HAP _____ Date _____

Accepted by Division of Graduate Studies _____ Date _____