

PROPOSAL FOR CULMINATING EXPERIENCE
895: FIELD STUDY OR APPLIED RESEARCH

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. This proposal is: [] New [] Revised For registration in (enter term and year): _____

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

4. Check additional requirements for completion of 895, if appropriate:
[] Written Comprehensive Exam [] Oral Comprehensive Exam/Oral Defense REPORT OF COMPLETION REQUIRED

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: Human Subjects [] Yes [] No Vertebrate Animals/Products [] Yes [] No
If Yes is checked above, a Protocol: [] is attached [] was previously submitted to Human/Animal Subjects office
NOTE: NO WORK CAN BE DONE WITH HUMAN OR ANIMAL SUBJECTS 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
CPH/AS [] No [] Yes Sent to CPH/AS on _____ Accepted by CPH/AS _____ Date _____
Accepted by Division of Graduate Studies _____ Date _____