

San Francisco State University - GRADUATE STUDIES (ADM 254)
PROPOSAL FOR CULMINATING EXPERIENCE REQUIREMENT

INSTRUCTIONS TO STUDENTS:

Complete and file all copies with the Graduate Studies in accordance with guidelines published in the University *Bulletin*.

This proposal is: New Revised

Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____

E-mail: _____

Telephone: _____

OFFICIAL DEGREE TITLE FROM <i>BULLETIN</i>	
A. Master of _____	
B. Major _____	
C. Concentration (if appropriate) _____	
D. Emphasis or option (if appropriate): _____	

Student ID: _____

CHECK TYPE OF CULMINATING EXPERIENCE:

- | | | |
|--|--|--|
| <input type="checkbox"/> 892 Supervised Field Internship | <input type="checkbox"/> 895 Field or Research Project | <input type="checkbox"/> Written Comprehensive Examination |
| <input type="checkbox"/> 893 Written Creative Work | <input type="checkbox"/> 898 Master's Thesis | <input type="checkbox"/> Oral Comprehensive Examination |
| <input type="checkbox"/> 894 Creative Work Project | | |

TITLE OF CREATIVE WORK, PROJECT, INTERNSHIP, OR THESIS TO BE COMPLETED: (If examination, leave blank)

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

RESEARCH INVOLVING HUMAN SUBJECTS OR ANIMALS: Will this proposed culminating experience include research involving human subjects or vertebrate animals or vertebrate animal products? Yes No. If yes, Protocol Approval Form (copy attached) must be approved *prior* to the initiation of research and filed in the Graduate Studies with the Proposal for Culminating Experience Requirement form. (If animals are involved, the appropriate form must be obtained from the Office of Research and Sponsored Programs.)

DESCRIPTION: Include purpose or statement of the problem, how information will be collected, from what sources, etc. If comprehensive examination, describe nature and content of material to be covered.

SUPERVISING COMMITTEE: A minimum of two tenured (or tenure track) faculty members from the student's major department are expected to serve on the culminating experience committee (see *Bulletin* for details). Lecturers may not serve as chair.

Committee Chair:

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

Other Committee Member(s)

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

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

Department Chair: I have received 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 DATE

FOR OFFICE USE ONLY

Accepted by Office of Research and Sponsored Programs GAP on File _____

Accepted by the Graduate Studies Date _____ Term of Enrollment _____ Year _____

_____ Date _____ 7 Year Deadline Date _____ Year _____