



FINAL PROJECT PROPOSAL FORM FOR MASTER’S DEGREE PROGRAMS

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ X \_\_\_\_\_  
First Middle Initial Last Signature

Address: \_\_\_\_\_  
Street City State Zip

Contact: \_\_\_\_\_  
Primary Phone Number Email

Graduate Program: American Culture Studies  Biology   
International Affairs  Master’s of Liberal Arts  Statistics  Student ID#: \_\_\_\_\_

**PROJECT INFORMATION:**

Directed Research Project or Practicum \_\_\_\_\_ or Master’s Thesis (6 units, courses 502 & 503) \_\_\_\_\_  
(3 units, course 502) Requires approved Title, Scope & Procedure form  
3 months prior to registration

Semester(s) of Study: Spring  Summer  Fall  Year: 20 \_\_\_\_\_

Project Title: \_\_\_\_\_  
*Attach a full description of the project, including objectives, methodology, potential sources, and anticipated schedule.*

**RESEARCH ADVISOR:**

Name: \_\_\_\_\_ Employee ID \_\_\_\_\_  
First Last (For Payroll)

Contact: \_\_\_\_\_  
Primary Phone Number Email

*I have reviewed the written proposal with the student and agree to supervise this project for the semester indicated. A copy of the written project proposal is attached.*

Name: \_\_\_\_\_ X \_\_\_\_\_  
First Last Signature & Date

