SUMMER RESEARCH PROPOSAL 2017

STUDENT NAME:

PROJECT TITLE:

NAME OF FACULTY MEMBER:

DEPARTMENT:

ROOM# TELEPHONE#

HYPOTHESIS TO BE TESTED:

METHODS TO BE USED:

TYPE OF ANALYSIS:

OTHER INFORMATION ABOUT PROJECT (OPTIONAL):

SPECIFIC ROLE OF STUDENT:

EXPECTED BENEFITS FOR STUDENT:

IS IRB APPROVAL REQUIRED? YES or NO

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Faculty Member Signature Student Signature