



PUBH 5900 Graduate Project Proposal – 3 credits – CR/NC

Semester taking course: Click or tap here to enter text.

Student Name: Click or tap here to enter text.

E Number: Click or tap here to enter text.

Student email: Click or tap here to enter text.

Faculty Supervisor: Click or tap here to enter text.

Faculty email: Click or tap here to enter text.

PROJECT TITLE: Click or tap here to enter text.

PROJECT DUE DATE: Click or tap here to enter text.

A project outline must be attached to this form. The project outline must include a description of the project, timeline, and grading elements.

AGREEMENT AND APPROVAL

I understand that I must satisfactorily meet my objectives and complete all courses requirements by the date listed on this form to receive credit for this course. I agree that the project outline attached to this form constitutes my contract with my faculty supervisor and I must meet all requirements listed in the Graduate Project Proposal.

Student Signature: _____ Date: _____

I approve this graduate project course based upon the attached outline.

Faculty Supervisor Signature: _____ Date: _____

Graduate Coordinator: _____ Date: _____

Department Chair: _____

Date: _____