SCHOLARLY PROJECT PROPOSAL FORM

(Please print or type responses)

Name:____________________________ Track: _________________ Date: _____________

Year of Matriculation:___________ Year and quarter of Expected Graduation:__________

Year and Quarter of Expected Oral Presentation:________________________

1. Brief Description of Scholarly Project Activity

2. Please give a tentative title to your Scholarly Project Proposal

3. Is this approval being sought from:

   CON Human Subjects Committee? □ Yes □ No
   SU Institutional Review Board? □ Yes □ No
   Community Agencies? □ Yes □ No
   If yes, which agencies: _______________________________________

4. Name of Committee Chair:_____________________________________

   Committee Chair Signature:____________________________________

5. Name of Reader:_____________________________________________

   Reader Signature:_____________________________________________

Please return signed form to the Graduate Program Coordinator by the end of second fall quarter of NURS 5099.