

**PROPOSAL FOR HPRB 9000
DOCTORAL RESEARCH**

NAME OF STUDENT _____ SS# _____

CREDIT HOURS _____ NAME OF FACULTY _____

SEMESTER _____

TITLE OF PROPOSAL _____

OBJECTIVES:

DESCRIPTION OF RESEARCH PROJECT:

NATURE OF FINAL REPORT:

DATE SUBMITTED: _____

FACULTY MEMBER APPROVAL: _____ DATE: _____

GRADUATE COORDINATOR APPROVAL: _____ DATE: _____