SCHOOL OF PUBLIC HEALTH
Department of Biomedical Sciences
WADSWORTH CENTER C-236 * 473-7553

RESEARCH TOOL REQUEST FOR APPROVAL

TO: Chair, Graduate Academic Committee

FROM: _____
Student Name

RE: Research Tool

DATE: _____

This memo is to inform you that I wish to satisfy the Research Tool requirement as follows:

Description: (Please provide a complete description of proposed tool. If the tool requires a project and faculty evaluation, it is the responsibility of the student to identify a faculty member to evaluate the project).

Intended Semester of Completion:_____

Faculty Evaluator: _____
Signature (indicates agreement to evaluate project) date

APPROVALS:

_____
Mentor Date

_____
Graduate Academic Committee Chair Date

_____
Department Chair Date

Date Recorded: _____
cc: Mentor
Student