

RESEARCH PAPER APPROVAL

Research Student Name: _____

Title of the Research Project: _____

By signature below, I agree with the contents of the research paper and accept the work of the student named above as a reflection of satisfactory completion of work they conducted on their research project.

RA/PI Signature/Date: _____

Faculty Member Name: _____

CM #2 Signature/Date: _____

Faculty Member Name: _____

CM #3 Signature/Date: _____

Faculty Member Name: _____

NOTE: A copy of the Research Paper *must* accompany this form.

