Winston-Salem State University

Research Project Submission Form

Instructions: Student must complete this form and secure all approvals. This form, and a copy of the research project abstract, must be submitted to the Graduate Program Coordinator.

Last Name First Name MI

Banner ID:

Present Address City State Zip

Telephone (include area code): Email:

Degree Sought:

Research Project Title:

Date of Research Project Presentation Total Project Credit Hours Approved

Estimated Semester/Year of Degree Completion

Research Project Approvals

Project Advisor Signature: Date

Name (Printed) Position Discipline

Project Committee Member Signature:

Name (Printed) Position Discipline

Project Committee Member Signature:

Name (Printed) Position Discipline

Department Chair Signature: Date: