Research Rotation Proposal

Title: ____________________________________ Date: ______________________________________

Enter description of research here (a brief summary of the goals of the project, its significance, the methods you will use and a concluding statement about future implications if you are successful):
Objective (goals to be achieved by conducting the research):

Student Information

First Name: ___________________________ Last Name: ___________________________

R Number: ________________________________________________________________

Email: __________________________________ Phone: _________________________

Supervisor/Faculty

Printed Name: ________________________ Email: _______________________________

Supervisor/Faculty Signature: ______________________________________________

Approved by: _____________________________________________________________
Completed Research (to be filled out at the end of the rotation. Attach this page to a completed evaluation form):

Supervisor Signature:_____________________________ Date:________________________