4th Year Ind. Research Proposal Form

Please complete and return this form along with an electronic copy of your written proposal(s), to Graduate Registrar/DGS Academic Support Assistants - Kara Swenson & Maggie Simonsen at chemistry.dgs@yale.edu by May 31st.

Name:			
Research Divsion:		SID: Year of Study:	
Date Completed:			
Title of Research Prop	posal:		
Committee Members'	Comments:		
Oral Exam: Pass	Fail	Written Proposal: Pass	Fail
Committee Members (Please print or electron must be your Advisor of	nically sign all con	nd Signatures: nmittee member names. Only two members morman). Committee can forward approvals via e	ust sign, one of whicl email if preferred.
Please indicate your F	Research Advisor v	with an asterisk	
		Date:	
		Date:	
		Date	