

Name: \_\_\_\_\_ Date: \_\_\_\_\_

CWID: \_\_\_\_\_

Program: \_\_\_\_\_

**Title of Proposal:** \_\_\_\_\_

**Description of Study: (50 words maximum and singled spaced)**

**SUBMITTED BY:**

**APPROVED BY:**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairperson Signature

\_\_\_\_\_  
Date