

Year 2 Project Manuscript Proposal

Please submit a clean copy of the final approved document and the signed form to the Program Office (Academic Support Coordinator) and the Program Head.

Student: _____

Primary Advisor: _____

Secondary Advisor: _____

Title of Article:

Article Authors:

Name of Journal the Manuscript was written for?

Was Manuscript Submitted for Peer Review (yes/no)?

If Yes, Date Submitted:

If not submitted for external review, date of submission to program office:

Student's Signature

Primary Advisor's Signature

Secondary Advisor's Signature