

RESEARCH PROPOSAL APPROVAL FORM

The attached Master's Capstone proposal has been submitted by

Print your name in the space above

Student Signature

Date

A student in the Master of Science Program in

Print the name of your program in the space above

The following persons have agreed to serve as members of the Capstone Committee and have found that the student has sufficient knowledge in the field to proceed with the proposed study toward completion if the Master's Capstone Project Thesis requirement.

SIGNATURES OF CAPSTONE COMMITTEE MEMBERS

Print name above

Affiliation

Signature

Date

Print name above

Affiliation

Signature

Date

Print name above

Affiliation

Signature

Date

Print name above

Affiliation

Signature

Date

RECORD OF CAPSTONE COMMITTEE MEETING



Meeting 1



Meeting 2



Meeting 3



Meeting __

Student _____ Program _____

To the student:

- Have your committee members sign this form after the meeting
- After the meeting, prepare a 1 page summary including recommendations from your committee members. Have your Capstone advisor initial the report
- Send this form, the initialed summary attachment, and your PowerPoint slide file to the MS Admin. Coordinator, alexandra.whitman@jefferson.edu

Date of Committee Meeting: _____

Student Signature

Capstone Advisor's Signature

SIGNATURES OF CAPSTONE COMMITTEE MEMBERS

Capstone Committee Member

Capstone Committee Member

Capstone Committee Member

JEFFERSON COLLEGE OF LIFE SCIENCES
THOMAS JEFFERSON UNIVERSITY

SIGNATURE SHEET

STUDENT _____

Candidate for the degree of

Master of Science

Has successfully completed the final copy of the Master's Capstone in the field of

	Biomedical Sciences
	Cell & Developmental Biology
	Pharmacology
	Microbiology & Immunology
	Forensic Biology
	Forensic Toxicology
	Human Genetics & Genetic Counseling

We have found that the candidate has successfully completed the requirements for the Master of Science Capstone Project thereby demonstrating knowledge of the skills needed to contribute to the scientific validation of their practice.

Name

Date

MILESTONE STAGE CONTRACT AND CHECKLIST

NAME: _____ Campus Key _____ Program _____

ACTIVITY	DATE	STUDENT INITIALS	ADVISOR INITIALS
Identify capstone advisor. NAME: _____ Affiliation: _____			
Identify members of the Capstone Committee 1. Capstone Advisor 2. _____ 3. _____			
Submit written proposal for Capstone project			
Oral presentation of capstone proposal to Capstone Committee			
Approval of Capstone proposal			
Capstone Committee Meetings: (Email Capstone documents to your Program director and MS Admin. Coordinator - alexandra.whitman@jefferson.edu immediately following each meeting)			
Meeting #1			
Meeting #2			
Meeting #3 (Defense of Capstone)			
Additional meeting date(s) as needed: _____			
Write Capstone and rewrite Capstone with advisor's help			
Revisions if necessary and Final Approval of Capstone by Committee			
Schedule Appointment MS Admin. Coordinator alexandra.whitman@jefferson.edu to insure all records are current and all course requirements have been fulfilled			
Schedule date for final public capstone presentation (April, July, November)			
Submit abstract to MS Admin. Coordinator alexandra.whitman@jefferson.edu (March 15th, June 15th, October 15th)			
Final Public Capstone Presentation			
Submit a final bound copy & PDF copy of the thesis along with a signature page to MS Admin. Coordinator, alexandra.whitman@jefferson.edu			