

UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences
Student Project Approval

Student Name (Print): _____

Brief Description of Project Goals and Objectives (attach additional pages, if necessary):

Description of student responsibilities in the project (attach additional pages, if necessary):

Who are the participants in this project other than the student?

I understand that I must complete the project by the beginning of May of the year of my graduation from the SSPPS. I will prepare a brief paper following the guidelines that will be provided to me and present a summary of the project and my activities at the Annual 4th year Student Research Presentation to be held in May of the year of my graduation.

Student Signature

Faculty Mentor Name (Please Print)

Date

Faculty Mentor Signature

Office Use Only

Approved _____ Date _____ Signature _____

Copy to Student
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