
4th Year Elective Research Proposal

Instructions: Please complete the sections below by **typing** in the information requested. Once complete, print and sign the form and have your mentor(s) review and sign in the designated box. Return the completed and signed form to Annalise Ellis in the Academic Affairs office or via email: Annalise.R.Ellis@hofstra.edu.

Student Name: _____	MS: <input type="checkbox"/> 3 <input type="checkbox"/> 4	Date: _____
Mentor(s) Name: _____	Mentor(s) Email: _____	
Mentor(s) Phone: _____	Proposed Dates: _____	
Institution/School: _____	Site: _____	

PROPOSED PROJECT:

Project Title:

Project Hypothesis:

Specific Aims/Research Questions:
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Methods (max 300 words):

Predicted Outcomes (max 300 words):

Your Role in the Project (max 300 words):

Student Signature: _____ **Date:** _____

Mentor Signature: _____ **Date:** _____

Mentor Signature: _____ **Date:** _____

Mentor Signature: _____ **Date:** _____

Comments: Approved Date _____ Not Approved _____