

**The University of Texas MD Anderson Cancer Center UTHealth
Graduate School of Biomedical Sciences**

Request for Approval of a *Special Project: Research (GS00 1530)*

Part I: To be completed by student:

Student Name (type or print)

Semester/Year

Degree program: ☐ Ph.D. ☐ M.S. only ☐ Non-Degree

Part II: To be completed by GSBS Faculty:

Special Project Title

GSBS Faculty (print name and sign)

Date

Format: If the Special Project has been developed in a format to be equivalent to a Tutorial Research Experience, it should involve at least 20 hours of laboratory effort each week for ten weeks. Briefly describe the format and what will be expected of the student:

Credit: Anticipated research hours per week: _____

Evaluation: Briefly describe how the pass/fail grade will be determined:

Approved, Advisor (print name and sign)

Date

Approved credit hours

Signature of Associate Dean of Graduate Education

Date