

WellStar College of Health & Human Services

Faculty Request to Support Graduate Student Research Proposal or Thesis

)DFXOW\ PHPEHUV FDQ DSSO\ IRU SURIHVVV bff@do.completingresearchprojects IX Q
that will enhance their scholarship agenda. NOTE:)XQGLQJ LV FRQWUHQVWVXSPR QUILRRU
ILVFDO \H DU

Section

This MOU shall become effective upon signature by all parties listed below:

Faculty Name:	Signature:	Date:
Office Manager Name:	Signature:	Date:
APPROVAL SIGNATURES (each signature below indicates endorsement of proposal/research.)		
Dept. Chair:	Signature:	Date:
WCHHS Dean Dr. Monica Swan 6 H Q L R U Business Business	Signature:	Date: