PREREQUISITES: CLASSIFIED GRADUATE STANDING AND CONSENT OF INSTRUCTOR	
NAME:	CIN:
ADDRESS:	
	ZIP:
PHONE:	CSULA EMAIL:
FACULTY SUPERVISOR:	
OPTION:	AREA OF RESEARCH:
TITLE OF PROJECT:	
Brief Description of Projec	t: (Including objectives, procedures, materials, & expected outcomes
Faculty Supervisor Signature	e: Date:
Denartment Chair Sianature	e:Date: