



WAYNE STATE
School of Medicine

Anatomy and Cell Biology
Master's Program

Department of Ophthalmology,
Visual and Anatomical Sciences

Research Proposal and Timeline
Masters of Science

NOTE: This form must be submitted to the Master's Program Graduate Director after the student and Advisor agree to an appropriate research plan and timeline. The deadline for this form is April 15th of Year 1.

Student's Name: _____ Access ID (e.g., aa1234): _____

Email: _____ Phone: _____

Please provide details on your research project. This should include background/literature review that would serve as the scientific premise for the project, the specific aims/goals that you hope to achieve, and a reasonable timeline for the accomplishment of these goals.

Project Name: _____

Research Proposal:

Timeline:

Names

(Print/Type Names)

(Access IDs)

Signatures

(Sign Names)

(Date)

Advisor

Access ID

Advisor

Date

Student

Access ID

Student

Date

Master's Program Graduate Director

Access ID

MS Program Graduate Director

Date