Gerontology Department
California State University, Fullerton
APPLICATION FOR GERONTOLOGY
Gero 597 Project

Date: _____ Semester: _____

Student Name: _____
(Last) (First) (M.I.)

CWID#: _____ Major: _____

Local Address: _____
(Street) (City) (Zip)

Telephone: _____ - _____ Email: _____
(Area Code)

Extract of Policy: The work is of a research or creative nature, and it shall culminate in a paper, project or comprehensive examination performance. Before a student may register, he or she must obtain written approval from the instructor and the graduate coordinator. A study plan, including statement of the basis for evaluation shall be prepared by the student and the instructor and shall be submitted to the graduate coordinator for approval. The approved study plan will remain on file in the department office.

597 Project Prerequisites: Consent of an advisor. Nine hours per week for one semester. Choice is limited by the availability of positions which meet the level of supervision and training for which credit may be given. Includes an oral exam conducted by a master's committee.

☐ **597 Project** _____
(Schedule Code)

APPROVAL:

_____ _____
Signature - Supervising Faculty Member Signature – Graduate Advisor

For Department Use Only

Date Permitted: _____ *Permitted by:* _____

Proposal: _____

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Basis for Final Evaluation: _____

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