

**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