**Five College Coastal and Marine Sciences
Independent Research Project Proposal Form**

This form must be completed by the student and signed by the FCCMS faculty advisor. Ideally, it is completed and approved prior to/at the beginning of the research project.

\*\*Please complete and submit this form by October 15th of your senior year.\*\*

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| --- | --- |
| Student Name: | Graduation Month/Year: |
| Email:  | Institution: |
| Phone: | Local Address: |
| Major/minor: | FCCMS Program Advisor: |
| Project Mentor:Email: | Project Topic: |

Describe your proposed research project, providing details as they are available.

RESEARCH LOCATION:

RESEARCH MENTOR:

SYSTEM OR ORGANISM BEING STUDIED:

HYPOTHESIS:

PREDICTION:

APPROACH AND METHODS:

**I approve of this marine-related research project and agree to meet with this student to provide feedback on the project as it progresses (prior to poster completion and the spring poster session):**

FCCMS Program Advisor Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

 

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