

WellStar College of Health & Human Services

## Faculty Request to Support Graduate Student Research Proposal or Thesis

) D F X O W \ P H P E H U V F D Q D S S O \ I R U S U R I Office for Completing Research Projects H Q V  
that will enhance their scholarship agenda. NOTE: ) X Q G L Q J L V F R Q W U I S H E P W V X S P R Q U I L R R U  
I L V F D O \ H D U

Section



This MOU shall become effective upon signature by all parties listed below:

Faculty Name:	Signature:	Date:
Office Manager Name:	Signature:	Date:
APPROVAL SIGNATURES (each signature below indicates endorsement of proposal/research.)		
Dept. Chair:	Signature:	Date:
WCHHS Dean Dr. Monica Swan 6 H Q L R U Business Business	Signature:	Date: