Institute of Human Nutrition
COLLEGE OF PHYSICIANS AND SURGEONS
COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Plan for Master's Research Project Activities

Due December _____, _____

Student Name: _____

Title of Proposed Thesis Project: _____

Thesis Mentor: _____

Research/Field Site Address: _____

Mentor's Telephone & Email: _____

Activities completed prior to current date:

Activities to be completed by spring semester end (for 2 credits of thesis research):

Do you plan to complete your research work early (before mid-August) yes ____ no _____

If yes, give estimated date of completion _____
Month day year

	IHN Faculty Advisor	**Student**	**Thesis Mentor**
Name:	_____	_____	_____
Signature:	_____	_____	_____

Date: _____

Please give the original signed copy to the Director of the Master's Program. Please give copies to all signatories. Thank you.