ART EDUCATION MASTER’S PROJECT DEVELOPMENT PLAN

STUDENT INFORMATION

Student Name: ________________________________ M#: __________________
Graduate Program: __________________________ Course: ________________
Student Signature: ___________________________ Date: ________________

PROJECT INFORMATION

Master’s Project Committee Chair: ________________________________
Project Working Title: ________________________________
Summary of Master’s Project (including focal research question or concerns): ________________

Project Timeline: ________________________________
Goals and Objectives: ________________________________
Process to Reach Goals: ________________________________

ART Master’s Project Committee Chair Approval:

Signature: ________________________________ Date: ________________