

Capstone Intent Form

Student Name:		jor:		
Term to complete Capstone:	Fall	Spring	Year: 20	
Type and submit a signed origina	l and an electro	onic version to t	he Honors Program Director.	
Project Title:				
IRB/Animal Testing Approval	Required:	Yes	No	
IKD/Animai Testing Approvar	Kequii eu.	165	110	
Signatures:				
Student:			Date:	
Faculty Mentor:			<u>-</u>	
raculty Mentor.			Date	
Department/Unit Head of Stude	ent's Major:_		Date:	
Honors Program Director:			Date:	