NAME:		DATE:	
STUDENT ID:		GRAD DATE:	
LOCAL		SEM. HRS.	
ADDRESS:		COMPLETED:	
email address: phone:		CUM. GPA:	
		ACADEMIC ADVISOR:	
and Social So semester. The classes during	ciences Office (CB 333) by the deadline for completion of t	d by the student's committee and submitted to e last day of classes in the semester preceding h he final written research project is no later than 8 is taken. The contract must be approved and dent can register for STS 498.	is/her STS 498 the last day of
		de a written research paper and poster present minimum of 135 hours of effort.	ation of the
	<b>pject Proposal</b> : Answers to the pages as necessary.	following questions should be part of the propo	sal. Please
II. Wh III. Wh	at is the project? not is your research question? not types of resources will you not is the project timeline, incl	use? uding date of final poster presentation?	
DEGREE CAI	NDIDATE / DATE	ACADEMIC ADVISOR / DATE	
EXPERT REPR	ESENTATIVE / DATE	STS REPRESENTATIVE / DATE	
		STS PROGRAM COORDINATOR / DATE	
	nic Advisor Degree Expert Representative ntative	All forms for the degree may be obtained at <a href="http://sdsmt.edu/sts">http://sdsmt.edu/sts</a> . Handwritten submissions will not be	

accepted.