PROGRAM OF STUDY
COMMITTEE(POS) APPLICATION FORM

....**Gi Va]gg]cb** Date: .   .

Submit to: Academic Affairs Division

Program: _____

Student's ID: _____

Student's Name: _____

Research Topic: _____

Research Project Type: ☐ **Thesis**   ☐ **Supervised Research Project**

☐ **Capstone Project**

☐ **Experiential Learning Project for Academic Writing (GMP only)**

☐ **Experiential Learning Project for Essay (GMP only)**

☐ **Advanced Experiential Learning Project (GMP only)**

Professor's Full Name   **Signature**

_____

(Major Professor)

_____

(Committee Member)(Only for Thesis and Capstone Project Writers)

Abstract of the Research Plan (Less than 100 words)

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