

Please complete and return to the Graduate School by the add/drop date on the Academic Calendar of your second semester.

Name _____ Student ID _____

Please indicate below which option you will pursue:

PROJECT Faculty mentor _____
Graduate Program Affiliation _____
Faculty signature _____

NON-THESIS (*coursework only*)

THESIS (*2-year plan only*) Faculty mentor _____
Graduate Program Affiliation _____
Faculty signature _____

INTERNSHIP
Faculty mentor _____
Graduate Program Affiliation _____
Faculty signature _____

Program Director Signature _____

RETURN COMPLETD FORM TO: Denise Wolfe, Graduate School - dewolfe@wakehealth.edu