



University at Buffalo

DEPARTMENT OF COMMUNICATIVE DISORDERS AND SCIENCES

AuD RESEARCH PROJECT

FORM 1: Committee Formation & Proposal Approval

Student Name: _____

As of _____, the tentative title this student's Research Project is:
(date)

The following individuals have agreed to serve on this student's Research Committee & Approve of the student's Research Proposal.

Research Advisor: _____
(Print) (Signature) (date)

Committee Member: _____
(Print) (Signature) (date)

Committee Member: _____
(Print) (Signature) (date)