**Advanced Certificate in Developmental Science**

**Research Project Approval Form**

Name:

Person #:

Project Title:

Description (e.g., Abstract):

Supervisor’s Name: Date:

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Reader’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Second Reader’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note that the two readers listed above must be current UB Department of Psychology faculty members affiliated with the Advanced Certificate in Developmental Science program (see* [*https://arts-sciences.buffalo.edu/psychology/graduate/developmental-science-certificate.html*](https://arts-sciences.buffalo.edu/psychology/graduate/developmental-science-certificate.html)*)*

**Please send completed forms to Mary Schnepf**