Department of Pathology
College of Veterinary Medicine
UNIVERSITY OF GEORGIA

ONE HEALTH CAPSTONE PROJECT PROPOSAL

This form must be submitted to the Program Coordinator no later that the last day of the semester preceding the enrollment of VPAT 3960. Faculty approval of your capstone proposal is required prior to being permitted to enroll in VPAT 3960.

Name: _____

UGA ID#: _____

Expected Graduation Date: _____

Working Title of Project: _____
_____
_____

Faculty you have consulted for this project: _____
_____
_____

List the courses you will be integrating into this capstone project: _____
_____
_____
_____

Certificate Mentor: _____

Name of Host Site: _____

Host Site Mentor: (Name and Title): _____

Capstone Description (350 words or less)

In the space below briefly describe the key elements your capstone project will address:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
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_____
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_____

Approach and/or Methods (350 words or less)

In the space below, articulate the approach and/or methods you will use to complete the capstone project:

_____
_____
_____
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_____
_____
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Timeline

Create a timeline, in a list format, that maps out what you will do and when you will do it. Consider the overall amount of time you have to complete the capstone project. This should provide a biweekly or monthly overview of the steps you will take to complete your project and prepare the final capstone paper.

_____

_____

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_____

Capstone proposals will not be considered if the Description, Approach and Timeline are incomplete.

_____   _____
Student Signature   Date

_____

Date Received: _____

Approved by: _____

Printed Name: _____