

University of Delaware
School of Education
PhD in Education

LEARNING SCIENCES SPECIALIZATION AREA PROJECT PROPOSAL

Complete this form and return to LS Exam Coordinator by May 31 of first year in program

Student Name: _____

Project format (choose one):

___ Literature review ___ Pilot Study

Description of proposed project:

Anticipated completion date: _____

Anticipated presentation date: _____

(please contact LS brown bag coordinator to finalize presentation date)

Student signature: _____ Date: _____

Advisor signature: _____ Date: _____