

# GEOLOGY GRAD RESEARCH PLAN

DEPT. OF GEOLOGY AND GEOGRAPHY

SUBMIT THIS FORM AT LEAST ONE MONTH BEFORE  
YOUR PROPOSAL.

TENTATIVE RESEARCH TOPIC: \_\_\_\_\_

<b>Name</b>	
<b>WVU ID</b>	
<b>Degree</b>	
<b>Date of Submission</b>	

**SIGN-OFF: THIS SIGNIFIES YOUR WILLINGNESS TO SERVE ON THIS COMMITTEE.**

**Committee Chair:**

\_\_\_\_\_  
Printed Name    Signature    Date

**Committee Members:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student:**

\_\_\_\_\_  
Printed Name    Signature    Date

**PROVIDE ORIGINAL DOCUMENT TO THE GEO GRAD PROGRAM CO. CHAIR FOR APPROVAL**

**GGPC Chair:**

\_\_\_\_\_  
Printed Name    Signature    Date    Committee Approved (Y/N)