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**MSMHA Capstone Project**

**Student-Mentor Agreement, Progress, and Enrollment Form**

**Instructions**:

1. **First time** enrolling in capstone: complete pages 1-4
**Subsequently**: complete pages 3-4 ONLY (Required for each semester of capstone enrollment).
2. Obtain the signatures from your project mentor and the chair of your capstone committee.
3. Submit signed form to the MSMHA Program Administrator for further processing.
4. The MSMHA Program Administrator will email the student a permission number in order to register for the course.
5. The student is then responsible for signing up for the class prior to the posted add/drop deadline.
6. The original form will be placed in the student’s file.

# Capstone Committee

Enter your name, the names of your committee members.

* **Mentor**: The main advisor for your Capstone project. Should be an expert in the field of your project. Does NOT need to be a core faculty member of MSMHA
* **Chair**: MUST be a core faculty member of MSMHA. Provides guidance on meeting the requirements of the Capstone Project. Will also serve as your academic advisor for year 2 (if not already).
* **Member** #3: Does NOT need to be a core faculty member of MSMHA. Should provide some level of expertise directly related to your project. Does not need to be identified until Fall.

|  |  |
| --- | --- |
| **Student’s Name:** | Click or tap here to enter text. |
| **Capstone Mentor:** | Click or tap here to enter text. |
| **Capstone Mentor’s Email:** | Click or tap here to enter text. |
| **Capstone Committee Chair:** | Click or tap here to enter text. |
| **Third Committee Member:***(may be left blank until Fall)* | Click or tap here to enter text. |

**MSMHA Capstone Project Student-Mentor Agreement**

**Students Graduating in May of 2nd Year**

*I, the MSMHA student involved in a Capstone Project agree to:*

* Fully engage in my individual or group Capstone Project.
* Participate in the Capstone Workshop and meet project milestones
* Develop a Project Timeline with the mentor to officially log progress of the Capstone Project and forward a copy to my committee chair prior to the monthly meeting.
* Review progress in monthly meetings with my mentor and committee chair.
* Arrange a meeting with my committee if I fall behind on my timeline.
* Establish a third member of my Capstone Committee no later than November 1st.
* Submit an Interim Capstone Report to my Capstone Committee by December 1st.

*To ensure that there are no delays in my graduation date:*

* Submit a Final Capstone report to my Capstone Committee no later than 2 weeks prior to Capstone Presentation
* Publicly give a Capstone Presentation in a format determined by the Capstone Committee
* Submit the final Capstone Project Written Report to my Capstone Committee no later than 2 weeks after the Capstone Presentation

*I(we), the mentor(s) for the MSMHA Capstone Project, agree to:*

* Provide the necessary supervision, training and safety instruction in the performance of the position duties and responsibilities described in the preliminary and final proposals.
* Provide professional work exposure and technology experience.
* Ensure that the student is progressing according to the agreed upon timeline.
* Complete evaluations of the student’s performance during each semester.
* Notify the student’s committee chair immediately regarding any problematic situation that arises with the project or the student.
* Notify the student’s committee chair if the student has unexcused absences from scheduled activities of the project.

**Please review all four pages of this document before approving with your signature.**

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: Click or tap to enter a date.

Capstone Mentor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: Click or tap to enter a date.

Capstone Committee Chair’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: Click or tap to enter a date.

**ANAT 6950, MSMHA Capstone Project**

**Enrollment Request**

It is the student’s responsibility to make the request for capstone project registration prior to the start of the semester. As several signatures are required for enrollment to be approved, it is highly recommended that this process be started early in the registration period.

|  |  |
| --- | --- |
| Name Click or tap here to enter text. | Date Click or tap to enter a date. |
| Units/Credits of Capstone Enrollment: Choose an item. | YearChoose an item. |  Term Choose an item.  |
|  |
| **Signatures:**  |
| Student  | Date Click or tap to enter a date. |
| Capstone Mentor | Date Click or tap to enter a date. |
| Capstone Committee Chair | Date Click or tap to enter a date. |
| To Be Completed by Program Administrator: |  |
| Permission Number | Date Permission Number Assigned: |

**MSMHA Capstone Project Description**

Student’s Name: Click or tap here to enter text.

Date: Click or tap to enter a date.*(complete a new document as modifications occur)*

Title of Project: Click or tap here to enter text.

**Briefly describe:**

* The project’s outcome: tangible product / deliverable.

Click or tap here to enter text.

* The project’s intended scholarly contribution.

Click or tap here to enter text.

* The project’s creativity / originality

Click or tap here to enter text.

* What the student will learn by the end of this project

Click or tap here to enter text.

* The anatomical structure(s) to be characterized in the completion of this project:

Click or tap here to enter text.

* Any of the following that will be used to accomplish this project:

 a) 2-D images; b) 3-D images, c) animation; d) 3-D models, other?

Click or tap here to enter text.

* For projects involving some aspect of a funded grant, identify how the student’s contributions differ from what might be performed by a PRA in the lab, in terms of creativity and scholarship.

Click or tap here to enter text.

In the past, some projects have been delayed by the following circumstances: obtaining COMIRB approval; purchase of new equipment; access to desired technology; obtaining antibodies, fresh brains/or cell lines; obtaining collaborative agreements for multi-center projects and other variables of this type. Effort should be made to identify as many of these potential barriers in advance and develop a strategy (Plan B) around these should problems arise.

If this project requires IRB or IACUC approval, please provide the approved **protocol number** and **expiration date** *or* an assurance letter provided by mentor indicating that the approval will be completed before Nov. 2019.

Protocol # Click or tap here to enter text.

Expiration date Click or tap here to enter text.

Required before the start of Capstone project – If your mentor is new to the MHA program, please indicate that you have organized an introductory meeting your Chair and your Capstone mentor.

 My Capstone mentor has had previous MHA students: Yes [ ]  No [ ]

 If **No**: I have organized an introductory meeting: (student’s signature)

**Third Committee Member**

Student’s Name Click or tap here to enter text.

* Who will be serving as the third member of your capstone committee? (signature only needed once)

Name of Third Committee Member: Click or tap here to enter text.

Third Committee Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: Click or tap to enter a date.