

UNIVERSITY OF MISSOURI-KANSAS CITY  
School of Nursing and Health Studies  
Master of Science in Nursing

RESEARCH OPTION CONTRACT

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Student Name

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Faculty Supervising Research Option/ Faculty Title

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Project Title

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Contract Time Period

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Anticipated Project Completion Date

Statement of Objectives (may use attachment)

Activities Planned:

Evaluation Criteria:

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Student Signature

Date

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Faculty Signature

Date

**Final Contract to Student File**

05/12/2010