

STATE UNIVERSITY OF NEW YORK
Buffalo, New York

Clinical Area Preliminary Requirement

The Second Year Project/ Third Year Project/Third Year Clinical Case
Presentation (circle as appropriate) Preliminary Requirement

for _____ was approved on _____

Title of Project (for 2nd and 3rd year projects)

For Second and Third Year projects:

Signature and Date

_____ _____ Chairperson

_____ _____ Committee Member

For Third Year Clinical Case Presentation

Signature and Date

_____ _____ Advisor

_____ _____ DCT

Please return this form to the clinical area office.