



SCHOOL OF NURSING  
UNIVERSITY of WASHINGTON

**Master's Project Initial Plan and Final Report**

The Scholarly Project meets the 4<sup>th</sup> CIPCT Program Goal: *Design a project, implement, and evaluate outcomes according to standard scholarly practices.*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Specialty: BNHI / Clinical Informatics & Patient-Centered Technologies Admission Date: \_\_\_\_\_

Anticipated Project Completion: \_\_\_\_\_ Anticipated Graduation: \_\_\_\_\_

**Directions:** MN and MS students who select the non-thesis option must submit to their department an approved Master's Project Plan by the last day of the quarter **prior to the quarter of anticipated graduation** and **prior to implementing the plan**. An approved plan is indicated by the student's and supervisory committee members' signatures on the fully completed form. For group projects, each student must submit a Master's Project Plan.

1. Indicate whether the Master's Project will be an \_\_\_ individual effort or involve \_\_\_ individuals (specify #).

If a group effort, name others involved: \_\_\_\_\_

2. **Type of project:**

- Development of a Survey
- Program Design
- Evaluation
- Other Research Activity. Describe \_\_\_\_\_
- Other. Describe \_\_\_\_\_

3. **Focus.** Describe the primary focus of the scholarly inquiry and how the Master's Project will develop the student's mastery of a focused area of knowledge.

Initial Plan:

Final Report:

4. **Coursework.** Students are required to complete a minimum of 3 credits of NMETH 598. After completing the Scholarly Project, list the total NMETH 598 credits completed.

5. **Completion. \***

*\*To be completed by the Committee Chair*

Initial Plan: Describe what will constitute evidence of satisfactory completion of the Master's Project.

Final Report: Describe the work that led to the student's satisfactory completion of the Master's Project.

**Initial Project Approval:**

**Committee Chair:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Member:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Member:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Report Approval:**

**Committee Chair:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Member:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Member:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_