Substantial Research Paper (SRP)
Internal Department Tracking Form

Name of Student: ____________________________________________________

Proposed Title of Project:________________________________________________________

Two readers:  __________________________________________

________________________________________

Approval of SRP Plan (6 months before submission)

Date: _______________________________

Reader 1 (sign and date): ___________________________________________

Reader 2 (sign and date): ___________________________________________

MAPA Program Director: __________________________________________

Public Presentation of SRP

Venue and Date: ___________________________________________________

Reader 1 (sign and date): ___________________________________________

Reader 2 (sign and date): ___________________________________________

Submission of SRP Product:

Date: _______________________________

Reader 1 (sign and date): ___________________________________________

Reader 2 (sign and date): ___________________________________________

Final Approval of SRP Project by MAPA Program Director/Department Chair

Signature and Date: ____________________________________________