Candidate: John B. Doe

Student Name: John B. Doe
Student ID Number: 112112112
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Mailing Address: 111 Elm Street, Boise, ID 83709
Graduate Program: MHS Master of Health Science, Environmental Health
Catalog / Year: 2007/2008
Daytime Phone: (208) 484-5555
Anticipated Completion Date: May 2010

Directed Research:

NOTE: The student must be admitted to the Graduate College before an Application for Directed Research can be approved.

Title of Proposed Research Project: An Examination of Water Quality in the South Fork of the Salmon River
Semester: Spring
Year: 2010
Course Prefix: MHLTHSCI 696
Credits Requested: 2

Name of Professor Directing Research: Dr. Dale Stephenson

Objective of Research and Methods to be Employed (Attach a separate sheet if necessary):

To test for mercury, lead, arsenic, and other environmental contaminants in the waters of the South Fork of the Salmon River near Warm Lake, Idaho. Student will research and document possible contaminants in this area, which is near the site of a number of former mines which are known to have leached poisonous chemicals into other Idaho rivers. Student will collect water samples at three intervals (in January, March, and late April) and analyze them for the presence of contaminants. A report will be written on the findings for the Center for Environmental Excellence and the Idaho Department of Environmental Quality.

Final Product of Research (Check all that apply): ✔ Report ✔ Conference Paper ✔ Journal Article ☐ Other (describe)

A report for the agencies identified above will definitely be produced prior to the end of the Spring 2010 semester. The project will also be written up and submitted for review by a scientific journal and to present at the November 2010 meeting of the Western Environmental Health Agency in Denver, Colorado.

Signatures:

Student Signature ___________________________ Date ________________

[ ] Approved [ ] Disapproved

Professor directing Research ___________________________ ID # __________ Date ________________

[ ] Approved [ ] Disapproved

Advisor ___________________________ ID # __________ Date ________________

[ ] Approved [ ] Disapproved

Program Coordinator ___________________________ ID # __________ Date ________________

[ ] Approved [ ] Disapproved

Graduate Dean ___________________________ Date ________________

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