

FAYETTEVILLE STATE UNIVERSITY  
SCHOOL OF EDUCATION

GRADUATE PROGRAMS

DISSERTATION PROPOSAL APPROVAL FORM

Does the proposal involve research with any subject or substance which requires review by a designated individual, office, or committee?

Yes  No If "Yes", check as applicable and indicate date reviewed or scheduled for review, and results of review as Approved (A), Pending (P), or Exempt (E).

Subject or substance	Date Reviewed or to be Reviewed	Results of Review		
		A	P	E
<input type="checkbox"/> Human Subjects	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Animal Subjects	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Radioactive Materials	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Potential Biological Hazards (Viruses, Recombinant DNA, etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chemical Hazards (poisons, Explosives, reagents, flammable)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate's Name \_\_\_\_\_

Banner Number: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Area: \_\_\_\_\_

Name of Chair of Thesis/Dissertation Committee: \_\_\_\_\_

**Proposal Title:**

ABSTRACT  
(No more than 350 words)

ATTACH ADDITIONAL PAGES

**The signatures below are attesting to the fact that procedures have been followed properly.**

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

Chair of Dissertation Advisory Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of School/College Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution Copies: Student, Chair of Dissertation Advisory Committee, Department Chair, and Dean of School/College**