

Graduate Studies

THESIS/DISSERTATION PROPOSAL APPROVAL FORM

(To be typed Only)

Check One Only

- Thesis
- Dissertation

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 _____
 Social Security Number: _____ Date: _____
 Department/Area: _____
 Name of Chair of Thesis/Dissertation Committee: _____
 Proposal Title: _____

ABSTRACT

(For Thesis: No more than 100-150 words)
 (For Dissertation: No more than 350 words)

For additional space, use the reverse side of this form. DO NOT ATTACH ADDITIONAL PAGES

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

Student Signature: _____ Date: _____
 Chair of Thesis/Dissertation Committee Signature: _____ Date: _____
 Department Head Signature: _____ Date: _____
 Graduate Dean Signature: _____ Date: _____

Distribution Copies: Student, Chair of Thesis/Dissertation Committee, Department, Graduate Studies