

FAYETTEVILLE STATE UNIVERSITY

GRADUATE SCHOOL

THESIS 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 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 Thesis Advisory Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair/Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

College Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution Copies: Student, Chair of Thesis Advisory Committee, Graduate Coordinator, Department Chair/Associate Dean, and College Dean