

RESEARCH TOPIC APPROVAL FORM

Banner ID# _____

Name _____ SS# _____

Address _____

Phone Number _____ E-Mail _____

When this form has been returned to the Associate Dean for Research in the Graduate School (107E Stright Hall), the Associate Dean will notify the student that the research proposal has been approved. **The student should not begin the research activity until that notice has been received.**

PLEASE NOTE: IF CHANGES OCCUR, EITHER IN COMMITTEE MEMBERSHIP OR TOPIC, A NEW FORM MUST BE COMPLETED AND APPROVED.

SECTION I. (To be completed by the student)

_____ Thesis

_____ Dissertation

Department: _____ Degree: _____

Title of Study _____

ATTACH TO THIS FORM A BRIEF 1-2 PAGE SUMMARY OF YOUR RESEARCH TOPIC, including the method of study you expect to use, materials and equipment you will need, and an estimated time frame to complete each step of the process.

Check which one of the approved style manuals you will be using:

_____ American Chemical Society, The ACS Style Guide, 2nd Edition

_____ American Psychological Association, Publication Manual, Fifth Edition

_____ American Sociological Association, ASA Style Guide, Second Edition

_____ Council of Biology Editors, Inc., CBE Style Manual, Sixth Edition

_____ Modern Language Association, MLA Handbook...Research Papers, Fifth Edition

_____ Turabian, A Manual for...Theses, Dissertations

Signature of Student _____

Date _____ Expected Graduation Date _____

SECTION II. (To be completed by thesis/dissertation committee and pertinent university administrators)

Having affixed my signature below, I hereby approve the research proposal and agree to serve on the above student's thesis/ dissertation committee (3 to 5 faculty on the committee).

(Date) (Typed name and signature of Committee Chairperson)

(Date) (Typed name and signature of Committee Member)

(Date) (Typed name and signature of Committee Member)

(Date) (Typed name and signature of Committee Member)

(Date) (Typed name and signature of Committee Member)

College Approvals: (To be completed by Graduate Coordinator) _____ Number of credits required by department for this thesis or dissertation. This number will be entered into the database and will determine when the chairperson can receive compensation for chairing the thesis or dissertation.

(Department Chairperson may sign in the absence of Graduate Coordinator) Graduate Coordinator Date _____

_____ Date transmitted to College Dean's Office

_____ As Dean of the College, I will serve on the above committee.

_____ As Dean of the College, I hereby appoint the following person to serve on the committee as my representative:
Name: _____

_____ I choose neither to serve on the committee nor to appoint a representative.

_____ Dean of the College Date _____

Graduate School Approval:

Signature _____ Date _____
Associate Dean for Research

IRB Review Required: _____ Yes _____ No

Date Protocol Received _____ Date of Approval _____

Animal Care Review Required: _____ Yes _____ No

Date Protocol Received _____ Date of Approval _____

Earliest date for Candidate's graduation: _____