APPLICATION FOR APPROVAL OF SUBJECT OF THESIS FOR THE MASTER'S DEGREE

Student’s Name: ____________________________ Student’s I.D. Number __________________

Proposed Thesis Subject: ________________________________________________________________

__________________________________________________________

Department: ____________________________ Faculty Advisor: ____________________________

Number of credit hours to be assigned to thesis: ________ Thesis course for which applicant will register: ________

Expected date of completion: ____________________________

Please provide a brief abstract describing the topic, research question(s), and the data and methods to be used for the thesis.

________________________________________________________________________________________

Research Protocol Approval (Choose and check A or B or C below)

☐ A. By signature below the student and faculty advisor certify that thesis research involving human subjects, animal subjects, or biohazardous materials has been approved by the applicable University compliance committee(s) as demonstrated by an approval letter: Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC), Institutional Biosafety Committee (IBC) or an IRB, IACUC, or IBC that has been designated by the University.

☐ B. By signature below the student and faculty advisor certify and acknowledge that research involving human subjects, animal subjects, or biohazardous materials must be approved in advance by the applicable compliance committee (IRB, IACUC or IBC) and that engaging in such research without approval would constitute misconduct.

☐ C. By signature below the student and faculty advisor certify and acknowledge that this research does not involve human subjects, animal subject, or biohazardous materials and that engaging in such research without advance approval by the applicable compliance committee (IRB, IACUC, or IBC) would constitute misconduct.

Student Signature: ___________________________________________ Date

Recommended for approval: ____________________________

Advisor’s Signature ___________________________________________ Date

Graduate Office approval: ____________________________

Signature ___________________________________________ Date

NOTE: Application bearing the signatures of student and advisor must be submitted to the Graduate School.

Revised June 2019