

PROPOSAL APPROVAL FORM
For Research Leading to a Doctoral Dissertation or Master's Thesis

Tentative title: _____

I certify that I have read the Guide for Writers of Dissertations or the Guide for Writers of Theses (available online at grad.ilstu.edu or for pick up at the Graduate School, Hovey 309). I understand that all requirements in the Guide will apply to my thesis/dissertation.

Student's Name _____

Signature of Student _____

University Identification Number _____ e-mail address _____

Mailing Address _____

Department/School _____ Degree Expected: MS, MA, MM, MMEd, MSE, MBA, MSN, SSP, or Ph.D., Ed.D., Au.D.

City _____ State _____ Zip Code _____

COMPLIANCE REQUIREMENTS*

- Does the student's research involve living human subjects or human subject records? Yes [] Protocol# _____ or No []
Does the student's research involve living animals in any way? Yes [] Protocol# _____ or No []
Does the student's research involve recombinant DNA and/or Infectious Agents? Yes [] Protocol# _____ or No []
Does the student's research involve radioactive materials? Yes [] or No []

If yes, name of faculty member who holds University approval for use of radioactive material : _____

Theses or Dissertations will not be approved for graduation unless IRB, IACUC, and/or IBC approval has been obtained prior to data collection, if applicable.

*For further information, contact Academic Research Services, 438-8451.

The following members of the Graduate Faculty have been appointed to serve on this committee.

I signify that this proposal has my approval. (It is understood that approval of this research proposal does not imply approval of the research project when completed.)

--Please type or print legibly.--

--Please sign opposite your name.--

Chair: _____ (Dept./School)

OR

Co-chairs: _____ (Dept./School)

_____ (Dept./School)

Additional Committee Members:

_____ (Dept./School)

_____ (Dept./School)

_____ (Dept./School)

_____ (Dept./School)

Signature of Department Chair/School Director or Designee _____ Date _____

Department Chair/School Director or designee should not sign this form until IRB/IACUC/IBC approval has been obtained, if applicable.

Form received in the Graduate School Office. _____ Graduate School Official _____ Date _____