

**Approval of Proposal**

Student Name: \_\_\_\_\_ PSID#: \_\_\_\_\_

Program: \_\_\_\_\_

Thesis (M.A.)

Dissertation (Ph.D.)

Research Topic/Working Title: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We approve the attached research proposal. We agree that the student and the committee chair may make minor and reasonable changes in the protocol without consulting the whole committee. We agree to participate in an assembled final oral defense at the completion of the project.

\_\_\_\_\_  
Chair of Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
External Member

\_\_\_\_\_  
Date

I understand, if applicable, this project must have approval for the use of human or animal subjects and I must submit the related approval letter to the Director of Graduate Education before they will sign and submit this form to the Academic Affairs Office.

If IRB was not required, please check this box.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Graduate Education Signature

\_\_\_\_\_  
Date