

## **Submission of Thesis or Dissertation Proposal**

Date:			College:		
Student Name:			Department:		
Student ID Number:			Degree:		
Thesis Advisor	:			ID Number:	
Thesis/Disserta	ation Titl	e:			
Thesis/Disserta	ation Pro	oposal Approved:			
Chair:			Member:		
Member:			Member:		
Member:			Member:		
Member:			Member:		
document. A copy Office and the Of IACUC application and Technology T  Hu ap	of the R fice of Ad n must be ransfer. C iman Us proval (i imal Us	equest for Thesis or Disser Imissions, Records and Re	tation Proposal Approvagistration. If approval of the complete thesis/dis	n's Office, but is not part of the final rese al form will be filed with the College De if the IRB or IACUC is required, the IR ssertation proposal to the Office of Rese d be sent.	ean's RB or
Graduate Prog Director Signat					
Chair Signature	e:				
Dean Signature:					

Form must be submitted to the Office of Admissions, Records and Registration after electronic signatures are completed. Please ensure any relevant additional documentation is attached to the generated email.