

Last Name, First:

Student ID

Family Relations & Applied Nutrition

Program Area

## THESIS/MAJOR RESEARCH PAPER PROPOSAL: Approval Form

TITLE OF PROPOSED RESEARCH/MAJOR PAPER

BRIEF SYNOPSIS OF PROPOSAL:

DATE OF PROPOSED RESEARCH: From  To

### Ethical Approval

Is approval of the Human Subjects Committee required prior to commencing this research?

If yes, please indicate Anticipated Date of Request:  Where approval has already been obtained, Date of Approval:

Committee members (university or department level)

### Budget Summary

(Also complete Budget Detail on pg. 2)

Total Cost of Research:

Student Out-of-Pocket Expenses:

Amount Funded by Grant:

**Balance:**

### Approval

The proposal of the above named student has been evaluated and approved by the student's Thesis Advisory Committee. It is understood that any major modification of the proposal requires approval by the student and the thesis advisory committee.

Thesis Advisor  \_\_\_\_\_ Date

Signature

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

Signature

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

Signature

Student  \_\_\_\_\_ Date

Signature

**Budget Detail** (include unit costs)**Personnel**

Total Costs

Amount  
Funded By  
Grant \*Amount NOT  
Funded By  
Grant \*\*

Graduate Student (days x cost/day)

Stats/Computing/Consultation (hours x cost/hour)

**Personnel Total****Supplies and Services**

a)

b)

**Supplies and Service Total****Equipment**

a)

b)

**Equipment Total****Computer Charges**

a)

b)

**Computer Charges Total****Total Cost of Research**

\* Title of Research Grant:

\*\* Explain how non-funded costs will be met:

**FORM DUE DATES:**

Thesis masters students (AHN, CFT, FRHD) - this form is due by the end of semester 3.

Major Paper masters students (CFT) - this form is due by the end of semester 3.

Doctoral candidates (AHN, FRHD) - this form is due by the end of semester 5.