



WESTERN MICHIGAN UNIVERSITY

The Graduate College

DOCTORAL DISSERTATION, THESIS OR SPECIALIST PROJECT PROPOSAL APPROVAL FORM

1. **This form is interactive.** Please type all information directly in the form before printing out.
2. Gather signatures from your Committee Chair and Members
3. Submit one copy to the Department Chair and to the Graduate Program Advisor and one copy to the Graduate College at the following address: 260 W Walwood Hall, Kalamazoo, MI 49008-5242.
4. Please submit this completed form to the Graduate College only after receiving IRB approval. (Forms should reflect an abstract, committee signatures, IRB approval information, and student's signature.) However, students who require approval of a proposal to compete for a grant or award are welcome to submit a copy of the form with only their committee signatures. Students should wait for IRB authorization before providing the Graduate College with the completed form that includes all elements.



DOCTORAL DISSERTATION, THESIS OR SPECIALIST PROJECT PROPOSAL APPROVAL FORM

WIN: _____ DEPARTMENT/PROGRAM: _____ PROGRAM: _____

STUDENT INFORMATION

STUDENT NAME: _____
Last First M.I.

PRESENT ADDRESS: _____
Street City/Town State ZIP Code Country

PERMANENT ADDRESS _____
Street City/Town State ZIP Code Country

Phone Number: _____ Email Address: _____

PROSPECTUS

Type of Project: Select from Drop-Down List Date of Proposal Defense: _____
Proposed Title: _____

Abstract (Optional) - length not to exceed 350 words

Approval Date: _____ Signature of Dissertation Chair: _____

Which elements comprise a proposal in your department? Concept Paper Chapter 1 Chapter 2 Chapter 3

Other (Please indicate) _____

The committee hereby approves the proposal

COMMITTEE CHAIR

COMMITTEE MEMBERS

_____ *Institution* _____ *Department* _____ *DATE (mm/dd/yyyy)*

_____ *Institution* _____ *Department* _____ *DATE (mm/dd/yyyy)*

_____ *Institution* _____ *Department* _____ *DATE (mm/dd/yyyy)*

_____ *Institution* _____ *Department* _____ *DATE (mm/dd/yyyy)*

_____ *Institution* _____ *Department* _____ *DATE (mm/dd/yyyy)*

COMMITTEE

Your research may require regulatory oversight. Approval from a regulatory oversight committee may be necessary before any research is conducted.

Does the proposal involve research with any human/animal subjects, bio-hazardous materials or recombinant DNA?

YES NO

If "YES": Indicate date approved and PROJECT NUMBER.

If "NO": If the Research Compliance Office determines that your project DOES NOT NEED approval, please submit a Letter of Determination from that office.

If you are uncertain if your project requires HSIRB approval, contact the Research Compliance Coordinator at 7. 8293.

PROJECT NUMBER: _____

Subject	Date of Review
Human Subjects (HSIRB)	
Animal Subjects (IACUC)	
Radioactive Materials (RSC)	
Recombinant DNA (RDRC)	

RESEARCH COMPLIANCE

I, _____, affirm that the research for my graduate degree will be conducted in agreement with ethical standards at Western Michigan University and that my work (dissertation, thesis, or specialist project) will be original. I will provide unambiguous attribution for the thought and the words of other scholars eventually appearing in the work. I understand that failure to provide clear credit in this way can result in severe penalties, including separation from the university and revocation of a degree. I also understand that regulatory oversight for my research may be required and that I should contact the Coordinator, Research Compliance office at 269.387.8293 for assistance.

Student Signature

Date