

The Graduate College

Doctoral Dissertation, Thesis or Specialist Degree Proposal Approval Form

Current Date (mm/dd/yyyy) * :

First Name * :

Middle * :

Last * :

Student's email * :

WIN * :

Degree Level * :

Phone * :

Date of admission to your program *

Date of Proposal Defense *

Anticipated Date of Graduation *

Date the project proposal was approved by the student's committee * :

Indicate the following: *Select choices from the Drop-Down List. If you do not see your program or department, TYPE in this information in the space provided*

Graduate Program * :

Department * :

College * :

Title of the proposal * :

Which elements comprise a proposal in your department? *

Does this research involve international travel? *

If **"YES"**, indicate the country or countries and the dates that you will embark upon the travel and return * :

Country

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Does this project require review for research compliance? (HSIRB; DNA; Hazardous Materials; Animals) *

If **"YES"**, indicate the following * :

Project Number * :

Approval Date * :

Application is pending * :

*If **"NO"**: If your research appears to involve human beings, but you are uncertain, please contact the Research Compliance Office at 269-387-8293 to determine if a letter of determination may be required for submission to the Graduate College, along with this application*

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The committee hereby approves the proposal

Committee Chair's **Signature**

Date * :

Committee Chair's Name * :

Institution * :

College * :

Department * :

Committee Member's **Signature**

Date * :

Committee Member's Name * :

Institution * :

College * :

Department * :

Committee Member's **Signature**

Date * :

Committee Member's Name * :

Institution * :

College * :

Department * :

Committee Member's **Signature**

Date * :

Committee Member's Name * :

Institution * :

College * :

Department * :

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 special degree) 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 the 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's **Signature**

Date