

Thesis Proposal Approval Form

Date: _____

Student's Name: _____ Student ID#: _____

Email address: _____ Phone #: _____

Decision of Committee:

<input type="checkbox"/> PASS: Student may begin their research after IRB approval	<input type="checkbox"/> FAIL: Student is not ready to begin their research and may not submit their proposal to IRB
<input type="checkbox"/> CONDITIONAL PASS (indicate requirements for passing below). When conditions have been met, a new Thesis Approval form should be filed which indicates "pass."	

Signatures of Examining Committee:

Chair:	
Master of Arts in Psychology Program Coordinator:	