

Plan B Completion Approval Form

Research, Independent Studies, Internships, Field Studies, Practica, and/or Creative/Artistic Projects

TYPE or PRINT CLEARLY

Name: _____ **ID#:** _____

Email Address: _____
(PRINT CLEARLY)

Department: _____
(Make sure what you are writing is correct. Consult the *Graduate Bulletin* for clarification.)

This project has been completed in partial fulfillment of the requirements for the following degree (check one):

Master of _____

Title:	_____		
Director(s):	Signature	Print Name	Date

Director(s):	Signature	Print Name	Date

Passed Oral or Comprehensive Examination:	_____		
	Date		

Research involving the groups listed below require approval from the appropriate committee:		
<ul style="list-style-type: none"> • Human Subjects: Institutional Review Board (IRB) • Animals: Institutional Animal Care & Use Committee (IACUC) • Recombinant DNA: Institutional Biosafety Committee (IBC) approval 		
<input type="checkbox"/> Research did not involve human subjects, animals, or recombinant DNA		
Human Subjects <input type="checkbox"/> Yes _____ <small style="margin-left: 40px;">Approval Date</small>	Animals <input type="checkbox"/> Yes _____ <small style="margin-left: 40px;">Approval Date</small>	Recombinant DNA <input type="checkbox"/> Yes _____ <small style="margin-left: 40px;">Approval Date</small>

Department Chair: _____
Print Name Signature Date

DEPARTMENTS ONLY...PLEASE DISTRIBUTE AS FOLLOWS: UPLOAD TO IMAGENOW, Copy to Student.

03/2017