

**Ohio University  
College of Health Sciences and Professions  
Thesis or Dissertation  
Committee Formation and Proposal Approval Form**

Name:

PID Number:

Email Address:

Is seeking the degree:                      Master of

Doctor of Philosophy

With a major in:

**Human/animal subject review**

Human/animal subjects were used in this study.

Approval was received from OU's IACUC (animal) or IRB (human) compliance board.

**Exact title of thesis/dissertation:**

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**Thesis/Dissertation Director Name  
Signature and Date**

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**Committee Member 2 Name  
Signature and Date**

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**Committee Member 3 Name  
Signature and Date**

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**Committee Member 4 Name  
Signature and Date**

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**Graduate Chair or Coordinator of  
PhD Studies Name  
Signature and Date**

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**Senior Director, Graduate Education  
Signature and Date**

**This original signed form should be delivered to Grover Center, Dean's Office, Sally Marion-Fetty, Senior Associate Dean. The completed form will be scanned and emailed to the student, the committee members, and the academic unit for filing in the student's permanent academic file.**