



APPROVAL OF PROPOSAL FOR DISSERTATION/THESIS

Student's Name: \_\_\_\_\_ PID \_\_\_\_\_

Date of Proposal Meeting \_\_\_\_\_ Date of any previous proposals if applicable. \_\_\_\_\_

\_\_\_ Counseling & Higher Education \_\_\_ Educational Studies \_\_\_ Human & Consumer Sciences \_\_\_ Recreation & Sport Pedagogy \_\_\_ Teacher Education

\_\_\_ Dissertation \_\_\_ Thesis

Title (or subject):

[Empty box for title/subject]

Does this research involve human subjects? \_\_\_ Yes \_\_\_ No

Outcome:

- 1. \_\_\_ Satisfactory; proceed with dissertation/thesis
2. \_\_\_ Satisfactory; with Conditions described below
3. \_\_\_ Unsatisfactory; plan for Resolution described below

Table with 3 columns: PRINTED NAME, SIGNATURE, DATE. Rows for Committee Chair, Committee Member, Committee Member, Committee Member, and Dean's Representative.

\_\_\_ Additional committee members, see 2nd Page

**FOR APPROVED PROPOSAL:**

- 1. Research that requires IRB approval cannot begin until IRB approval is secured (per Federal IRB guidelines). The student is responsible to provide the Office of Student Affairs with a copy of the IRB approval upon receipt. The final dissertation defense cannot be scheduled without an approved IRB on file. I have read and understood.**
- 2. I have read the Ohio University Student Code of Conduct concerning Academic Dishonesty and understand the terms and conditions of the policy. I have accurately acknowledged all language, ideas, or other original (not common knowledge) material through proper citation.**

\_\_\_\_\_  
**Student Sign**

\_\_\_\_\_  
**Date**

COMMENTS: Describe conditions, resolution plan or reason(s) for unsatisfactory outcome.

**Additional committee member if applicable.**

PRINTED NAME

SIGNATURE

DATE

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

**Return to: Student Affairs, 125D McCracken Hall, Athens OH 45701**

cc: Student  
Committee Chair  
Department Chair