

## Thesis Proposal Approval Form

Submit to the Office of the Vice-President Research no later than the beginning of the final semester of the program, unless an earlier deadline is specified by the program.

- This form officially records the graduate student's thesis proposal and supervisory committee.
- Separately attach the thesis proposal and any compliance approvals.
- A new form **MUST** be filed if there are changes to the approved thesis proposal.

### Student Identification

Name: \_\_\_\_\_

I.D. Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Program: \_\_\_\_\_

Start date: \_\_\_\_\_ Intended completion date: \_\_\_\_\_

### Supervisory Committee

Normally, the supervisory committee must consist of at least three members, inclusive of the supervisor (and co-supervisor if applicable), drawn from the list of approved TRU graduate supervisors. At least one committee member must be associated with an academic discipline outside the student's area of specialization.

	Name (print/type)	Signature	Date
Primary Supervisor	_____	_____	_____
Co-supervisor (if applicable)	_____	_____	_____
Supervisory Committee Member	_____	_____	_____
Supervisory Committee Member	_____	_____	_____
Supervisory Committee Member	_____	_____	_____

**Thesis Title** (may be tentative): \_\_\_\_\_  
\_\_\_\_\_

☐ Attach a copy of the approved thesis proposal.

☐ Attach a copy of all compliance approvals **OR** ☐ Compliance approvals not required.

*Compliance approvals include internal protocols from TRU compliance committees (Human Ethics, Animal Care, BioSafety), and any external approval required by other agencies such as sampling approvals for National Parks, Environmental Impact approvals, Indigenous community consent and approvals from School Boards, Interior Health, etc. **Research may not begin until all approved protocols are on file.***

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## Approvals

I have read and agree to the thesis proposal, Supervisor and Supervisory Committee.

Student Comments: \_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator Comments: \_\_\_\_\_  
\_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Research & Graduate Studies Comments: \_\_\_\_\_  
\_\_\_\_\_

VP Research Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Distribution: Original with Office of the Vice-President Research; copies to the student, Supervisor and Program Coordinator.*