

Graduate Programs
206 Showalter Hall
Cheney WA 99004-2444

Terminal Research Approval Form

Committee approval to schedule comprehensive examination

This form must be received in the Graduate Programs Office at least **two weeks prior** to the examination.

Note: The student and faculty signatures on this form are verification that there are no outstanding incomplete grades, post examination internships and current classes excluded. Students with incomplete course work one quarter after successful examination will be assessed a late completion fee.

Last Name: _____ First Name: _____
EWU ID Number: _____ Graduation Quarter: _____
Degree: _____ Major: _____

Student Signature

Date

Please check the appropriate box and sign:

The candidate's ☐ research report ☐ thesis* ☐ terminal document

has progressed to the point where it is ready to be defended at the comprehensive examination.

Orals Committee Chair

Date

Internal Orals Committee Member (2nd)

Date

* Thesis students only must provide four (4) final copies with signature page to the Graduate Programs Office within ten (10) working days of the defense, or by the end of the quarter, **whichever comes first**.

Please supply the following information (if known):

Orals Date: _____

Orals Time: _____

Orals Location: _____

IRB Approval Received or Not Applicable: _____

Responses to this form may be e-mailed by the appropriate committee members directly to the Graduate Programs Office at **gradprograms@ewu.edu**.