

REGISTRATION OF THESIS QT FQEVQTCN'RTQLGEV'VKVNG'HQTO Southern Illinois University Edwardsville

Graduate Records, Rendleman Hall, Room 1309 Campus Box 1047, Edwardsville, IL 62026-1047 Telephone: (618) 650-3167 Fax: (618) 650-2081

Name	Student Identification Number	Expected Graduation (Term/Year)
Street	City	State Zip Code
Graduate Degree Program Sought	Phone Number or e-mail address	
Thesis Title (please print or type)		
Nature of Research (please print or type	; briefly describe, in laymen terms, the informa	tion-gathering methods and sources to be used)
Indicate if your research involves the us	e of: Animals Human	Subjects Biohazardous Materials
or visit the website (www.siue.ed) animals, biohazardous materials, l respective federal regulatory offic government regulations and University	u/orp/researchpolicies) for the guidelin human subjects, or recombinant DNA. ees, all research in these areas, carried or	out on- or off-campus, must comply with olete the required research protocols and
Student's signature	Date	
At least three Graduate Faculty mem Vj g'Ej ckrgt uqp'qh'c'F qevqt cn'Cf xku		
1. printed name	signature	
2. printed name	signature	
3. printed name	signature	
4. printed name	signature	
Office of Research and Projects Re		an subjects, or biohazardous issues):
Chairperson, Appropriate Regul		
Approved by the Dean of the Grad	•	