Thesis Proposal Approval Form*

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Student Name		Today's D	ate				
URI ID		Departmo	ent				
Preferred E-mail		Program					
Student Phone #		Specializ (if applica					
Title of Proposed Thesis (100-character maximum)							
*Student: ONCE COMPLETED, THIS FORM ME GRADUATE SCHOOL. Please fill in the names at that on the previously approved form establishing (ex:1002xxx34_Smith_John_MAF.pdf).	and e-mail addresses of you	ur program committee	e members	s below. Please not	e that this inforn	mation must r	match
Major Professor			E-mail				
Co-major Professor (if applicable)			E-mail				
Inside Committee Member			E-mail				
Outside Committee Member			E-mail:				
Additional Committee Member (if applicable)			E-mail:				
Additional Committee Member (if applicable)			E-mail:				
Student: Please provide the name and e-mail add School. Then electronically sign and forward to yo FORM AND SUBMIT IT TO THE GRADUATE SC	ur Major Professor. Once t	this form contains all	signatures	s except for that of t			
Department Chair / Graduate Director			E-mail:				
1. Student Signature							
2. Major Prof. Dept.		Major Professor	Signature	9			
(if applicable) sign the form, save and send as an	attachment to Co-major Pro	ofessor		At			
Co-Major Professor Dept.		Co-Major Profe	essor Sig	nature			
After all major professors have signed the form, the an attachment to Inside Member	e form is to be saved and so	ent as		At			
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Sign the form, save and send as an a	attachment to Outside Member			At:						
5. Outside Member Dept.		Outside Member	Signature							
(if applicable) sign the form, save and	d send as an attachment to Additional Men	nber		At						
Otherwise, sign the form, save and so	end as an attachment to the student			J L						
6. Additional Member Dept.		Additional Men	nber Signature							
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After all additional me	embers have signed the form, the fo	orm is to be saved ar	nd sent as an a	attachment to th	ne student					
Student: See appendices D or E in the Graduate School Manual (GSM) and the Research Integrity Website for further instructions, and Section 7.44.35 of the GSM for further explanation. Send to the Office of Research Integrity (ORI) as an email attachment to researchintegrity@ds.uri.edu for RCR/IRB/IACUC signatures. Once received back from ORI with appropriate signature(s), send to the Dept. Chair/Grad. Director for signature.										
Office of Research Integrity Certification Responsible Conduct of Research (RCR) RCR training is required by all students completing a research thesis and matriculating in FALL 2014 or after, or require RCR training based on research funding from NSF, USDA or NIH. There are three methods for RCR Completion: attending a URI course that satisfies the RCR requirement, completing the online CITI Certification Program, or attending a minimum of three (3) Research Integrity Discussion Sessions. "Method or RCR Completion" field must be completed by all students. RCR signature approval must also be obtained by all students required to complete RCR training.										
Method of RCR Completion:										
Institutional Review Board (IRB) / Institutional Animal Care and Use Committee (IACUC) Student: Does the proposed research involve human subjects (including the use of questionnaires for data collection) or live non-human vertebrates? Check appropriate box: No Yes If "yes", see appendices D or E in the Graduate School Manual for further instructions, and complete the rest of this section. Send to ORI for signature as an attachment to researchintegrity@ds.uri.edu. Once received back from ORI, send to the Dept. Chair/Grad. Director for signature. If "no", send as an attachment to the Dept. Chair/Grad. Director as indicated in the section below.										
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◯ Human Subjects (IRB)	Approval (HU) Number									
C Live non-human vertebrates ((IACUC) Approval (AN) Number		IACUC Signa	ture						
Department Chair/Graduate Director To submit the form to the Graduate School you should save the file and send it to gradforms@etal.uri.edu as an attachment and copy-in (cc:) the student. Please set the subject line of the e-mail to PAF. The form must be submitted for approval by the Department Chair/ Graduate Director. Someone other than the person who signed box 2 must provide the Signature in box 8. 8. Department Chair/ Graduate Director Student: Once received back from Dept. Chair/Grad Director, PRINT AND SUBMIT WITH 3 HARD COPIES OF YOUR THESIS PROPOSALTO THE GRADUATE SCHOOL FOR THE DEAN'S FINAL APPROVAL.										
Graduate School Use Only		Notes								
○ Approved ○ Not	Approved	-								
Graduate School Signature										