Pre-Thesis or -Dissertation Research Approval Form
Department of Physics

Before beginning thesis or dissertation research, this check list should be completed by the master's or doctoral candidate in conjunction with the thesis or dissertation director. Please NOTE: All thesis and dissertation research must be approved by the thesis or dissertation director and the Unit Graduate Program Director. All students whose thesis or dissertation projects involve human subjects must have their proposed research approved by the University and Medical Center Institutional Review Board (UMCIRB) before beginning the studies involving those subjects. Likewise, all students whose projects involve animals must have their proposed research approved by the Institutional Animal Care and Use Committee (IACUC) before beginning those studies. A copy of the appropriate IRB, IACUC or Biosafety approval must be included in the Appendix of the completed thesis or dissertation.

Master Thesis **Dissertation** Date: _____

Student name, phone number, and email address:

_____

Working Title of Thesis or Dissertation Research:

_____

☐ Have you selected an appropriate director (chair of advisory committee) for your research work?

Name_____

☑ Have you selected an appropriate advisory committee? If so, please list other members (the director is the chair):
(PhD: 5 members including chair; at least 3 from Physics Graduate Faculty, at least 1 from outside Physics; MS: 4 members including chair; at least 1 member from outside Physics. All members need to be Graduate Faculty)

_____ _____

_____ _____

_____ Have you presented and defended your thesis/dissertation proposal.
If not, when are you planning to present it (list semester you plan to defend it): _____

_____ Does your research involve human subjects? If yes:

___Has it been approved by the UMCIRB? If not, when will it be reviewed for approval? _____

_____ Does your research involve animals? If yes:

___Has it been approved by the IACUC? If not, when will it be reviewed for approval? _____

_____ Does your research involve potential biohazards such as recumbent DNA, viral vectors, infectious agents, human blood products etc? If yes:

___Has it been approved by the by the Biosafety Committee?
If not, when will it be reviewed for approval? _____

Approvals:

Thesis or Dissertation Director Signature Date

Program Director Signature Date

Acknowledgement of Receipt by Graduate School:

Dean of the Graduate School or designee Date