EAST CAROLINA UNIVERSITY  
College of Allied Health Sciences, Department of Nutrition Science  
NON-THESIS PROJECT APPROVAL FORM  

Date: ______  
Student name: ______  
Banner ID: ______  

email address: ______  
Non-thesis Project Committee Member(s):  
Name: ______  
Department: ______  
Name: ______  
Department: ______  
Name: ______  
Department: ______  

Title of Project: ______  

1. Does your research project involve human subjects?  
   □ yes  
   □ no (skip questions 2-3)  
2. Has your research project been approved by the Office for Human Research Integrity Human Subject’s Committee?  
   □ yes (skip question 3)  
   □ no, but applicable  
3. When will it be reviewed for approval? ______  
4. Does your research project involve animals?  
   □ yes  
   □ no (skip questions 5-6)  
5. Has your research project been approved by the Institutional Animal Care and Use Committee?  
   □ yes (skip question 6)  
   □ no, but applicable  
6. When will it be reviewed for approval? ______  
7. Does your research project involve the use of potential hazardous chemicals, biological materials, or radioactive computes?  
   □ yes  
   □ no (skip questions 8-9)  
8. Has your research project been approved by the by the Biosafety Committee?  
   □ yes (skip question 9)  
   □ no, but applicable  
9. When will it be reviewed for approval? ______  

Under the direction of my Non-thesis Project Committee, I understand that this proposed Non-thesis Project is a requirement of the MS in Nutrition degree. I further agree to complete the Non-thesis Project to the satisfaction of my Non-thesis Project Committee as outlined in my Non-thesis Project Proposal and as approved by my Non-thesis Project Committee:  

__________________________   ________________  
Student signature    Date  

Approval:  

__________________________  
Advisor Signature  
Date  

__________________________  
Committee Member Signature  
Date  

__________________________  
Committee Member Signature  
Date  

__________________________  
Committee Member Signature  
Date  

MS in Nutrition Program Director Signature  
Date  

cc: Advisor, Program Director