

Thesis (5K95) Proposal Approval

Student's Name: _____

Date: _____

Title of proposed Thesis:

We confirm that this student's research proposal is acceptable, and the student is now ready to begin their research.

Name	Signature
Student:	
Supervisor:	
Committee Member:	
Committee Member:	
Graduate Program Director:	

Will your research require REB clearance? Yes No

If yes, **you are required** to have REB clearance before any data are collected.

Revised November 20, 2017