

College of Education, Health, and Human Sciences
Thesis Prospectus Clearance Form

Students must complete and submit this form to the major professor(s), committee members and department chair. After signing, the department/program will forward the form to OASIS (oasis-grad@fsu.edu) via DocuSign for approval of the Academic Dean.

Form fields must be typed. Authenticated digital signatures required.

The *CEHHS IRB/ACUC Approval Verification Form* must also be submitted to OASIS within 60 days of the prospectus defense date.

Student Name: _____ EMPLID: _____
Department: _____ Major/Academic Plan: _____
Major Professor(s): _____
Title: _____

To be completed by the committee: Prospectus Defense Date: _____

IRB/ACUC APPROVAL Date (for human or animal subjects research): _____

Approved: _____ Not Approved: _____

(Co-)Major Professor/Chair (signature) Print Name

Approved: _____ Not Approved: _____

(Co-)Major Professor/Chair (signature) Print Name

Approved: _____ Not Approved: _____

Member (signature) Print Name

Approved After Committee Chair Accepts Revisions: _____

Approved: _____ Not Approved: _____

Member (signature) Print Name

Approved After Committee Chair Accepts Revisions: _____

Approved: _____ Not Approved: _____

Member (optional) signature Print Name

Approved After Committee Chair Accepts Revisions: _____

Approved: _____ Not Approved: _____

Member (optional) (signature) Print Name

Approved After Committee Chair Accepts Revisions: _____

TO BE COMPLETED BY DEPARTMENT CHAIR:

Department Chair Signature Department Chair Approval Date: _____

TO BE COMPLETED BY OASIS:

OASIS Staff Signature: _____ Academic Dean's Representative (OASIS) Approval Date: _____