

## **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 will forward the materials to OASIS. Form fields must be typed.

The COE IRB Verification Form must also be submitted to OASIS within 60 days of the prospectus defense date.

| Student Name:  Department:  Major Professor(s): |                     | EMPLID:                                 |        |
|---|---------------------|---|--------|
|   |                     |   |        |
|   |                     |   | Title: |
| To be completed by the committ                  | ee:                 | Prospectus Defense Date:                |        |
| IRB APPROVAL Date (for human or                 | r animal subjects r | esearch):                               |        |
|   |                     | Approved: Not Approved:                 |        |
| (Co-)Major Professor (signature)                | Print Name          |   |        |
|   |                     | Approved: Not Approved:                 |        |
| (Co-)Major Professor (signature)                | Print Name          |   |        |
|   |                     | Approved: Not Approved:                 |        |
| Member (signature)                              | Print Name          | Approved After Chair Accepts Revisions: |        |
|   |                     | Approved: Not Approved:                 |        |
| Member (signature)                              | Print Name          | Approved After Chair Accepts Revisions: |        |
|   |                     | Approved: Not Approved:                 |        |
| Member (optional) signature                     | Print Name          | Approved After Chair Accepts Revisions: |        |
|   |                     | Approved: Not Approved:                 |        |
| Member (optional) (signature)                   | Print Name          | Approved After Chair Accepts Revisions: |        |
| TO BE COMPLETED BY DEPARTM                      | MENT CHAIR:         |   |        |
| Department Chair Signature                      |                     | Department Chair Approval Date:         |        |
| TO BE COMPLETED BY OASIS:                       |                     |   |        |
| Date Approved by Academic Dean:                 |                     |   |        |
| Date Approved by Meadenine Deall.               |                     | -                                       |        |