Pre-Thesis Research Approval Form

Before beginning thesis research, this check list must be completed by the master's or doctoral candidate in conjunction with the thesis director. Please NOTE: All thesis research must be approved by the thesis director and the Unit Graduate Program Director. All students whose thesis 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 approval must be submitted with this form, or with an updated form when it is known that the research requires the involvement of such subjects, and must be included in the Appendix of the completed thesis.

Date	Student name, phone number, and email address:		
Banner ID			
Working Titl	e of Thesis Research:		
Mentor/Direc	etor of Master's or doctoral work:		
Name	(Type or print name here)	Graduate or Associate Graduate Faculty	
members (sor the mentor/di	me ECU programs may require more, please check	at least three ECU Graduate or associate Graduate Faculty with your Graduate Program Director), which includes submitted via the streamlined process, by the Graduate anual, Part II, Section IV, subsectionI.F)	
Tentative Gra	aduate Student Advisory Committee members:		
If so, ple	ease list:	☐ Graduate or Associate Graduate Faculty	
2	(Type or print name here)	Graduate of Associate Graduate Faculty Graduate or Associate Graduate Faculty	
3.	(Type or print name here)		
4.	(Type or print name here)		
5.	(Type or print name here)		
J	(Type or print name here)		
Has your	proposed research been reviewed and approved by	y your director?	
	or research involve human subjects? Ias it been approved by the UMCIRB?		
	If not, when will it be reviewed for approval? _		
	Is 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.? Has it been approved by the Biosafety Committee? If not, when will it be reviewed for approval?			
Approvals:			
Thesis Director Signature	Date		
Program Director Signature	Date		
Acknowledgement of Receipt by Graduate School:			
Dean of the Graduate School or designee	Date		