



**TEXAS SOUTHERN UNIVERSITY**  
**3100 CLEBURNE AVENUE - HOUSTON, TEXAS 77004 - 713-313-4410**

REQUEST FOR APPROVAL OF THESIS/DISSERTATION COMMITTEE, TITLE AND ABSTRACT

The Graduate School

FROM: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department Head (Signature)

TO: Dean of the Graduate School

The following persons are recommended for appointment to the Thesis/Dissertation Committee for \_\_\_\_\_ who is a candidate for the Master's/Doctorate Degree.

*List of persons recommended:*

<u>Name</u>	(Advisor)	<u>Department</u>
_____		_____
_____		_____
_____		_____

Title of Thesis/Dissertation: \_\_\_\_\_  
 \_\_\_\_\_

**Abstract of Proposed Thesis/Dissertation Study**

On attached sheets present concise statements covering the following:

1. Title
2. **List** Objectives
3. **Review** status of the question (summary, discussion and citations)
4. **Methodology** (analyzing data needed to accomplish your objectives.)
5. **Brief description of procedural steps.**

APPROVAL RECOMMENDED: Signatures

_____ Chairman of Student's Committee	_____ Chairman, Animal Care and Use Committee
_____ Member of Committee	_____ Chairman, Human Subjects Committee
_____ Member of Committee	_____ Student's Signature
_____ Member of Committee	_____ Student's Name (Print/Type)
_____ Member of Committee	_____ Student's Mailing Address
_____ Member of Committee	_____ City/State/Zip Code
_____ Head of Major Department (Date)	_____ T-# (Student ID)
_____ Dean, College/School (Date)	_____ Telephone Number
_____ Dean, Graduate School (Date)	



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**USE OF RESEARCH SUBJECTS, MODELS OR MATERIALS**  
**APPROVAL FOR PROPOSED DISSERTATION/THESIS PROJECT**

The Graduate School

Must be completed by all Master's and Doctoral Students who are requesting approval for Thesis/ Dissertation Committee, Title and Abstract before submission of the request to the Graduate School

**INSTRUCTIONS**

- Answer questions 1-4 below by checking yes or no
- If the answer is yes to one or more of the questions below the masters/ doctoral student must complete the relevant application
- At <http://www.tsu.edu/about/administration/research/compliance/index.asp>
- Upon obtaining the approval of the respective committee the chairperson(s) must provide a signature of approval.
- If the answers are no to questions 1-4 the faculty advisor must provide a signature of confirmation for items 5 or 6.

\_\_\_\_\_  Ed.D.  Ph.D.  MA  MS  
 Student's Name Degree

Title of the Thesis/Dissertation \_\_\_\_\_

*Does the student's dissertation/ thesis project involve the use of any of the following subjects, models and/ or materials?*

1. Human Subjects: Committee for the Protection of Human Subjects (CPHS)  YES  NO
2. Animal Model: Institutional Animal Care and Use Committee (IACUC)  YES  NO
3. Radioactive Materials: Radiation Safety Committee (RSC)  YES  NO
4. Recombinant DNA: Recombinant DNA Safety Committee (RDSC)  YES  NO
5. Nonuse of Items Above: I confirm the student will not use any of the subjects, models, or materials listed in items 1-4 above.

\_\_\_\_\_ (Faculty Advisor Printed Name) \_\_\_\_\_ (Faculty Advisor Signature)

6. Previous Protocol Approval: I confirm that the exact protocol the student will be using has been approved by the respective committee in items 1-4 and that the approval has not expired. Please see the attached protocol and approval letter.

\_\_\_\_\_ (Faculty Advisor Printed Name) \_\_\_\_\_ (Faculty Advisor Signature)