

Recommendation of Dissertation Adviser:

I support the completion timeline proposed in this application. Yes No

Expected Dissertation Defense Date _____

Dissertation Adviser (print)

Department

Dissertation Adviser (signature)

Dissertation Adviser E-mail

Institutional Review Board (IRB) Approval: The sponsoring faculty member should check the appropriate statement below; one of these statements must be checked or the application will not be considered.

Permission/approval to conduct this research has been applied for or received from the IRB.

Active IRB number: _____

IRB number expiration date: _____

Study Title: _____

Name of Principal Investigator: _____

IRB permission/approval is not required for this project.

Recommendation of Graduate Director:

I support the completion timeline proposed in this application. Yes No

Expected Dissertation Defense Date _____

Graduate Director (sign and print)

Department

FOR OFFICIAL USE ONLY:

Approval of Associate Dean of the Graduate School:

Associate Dean (sign and print)

Date

Amount Awarded _____