Master’s Pre-Thesis Research Approval Form

Before beginning master’s thesis research, and at least one semester before defending a thesis, this check list must be completed by the master’s candidate in conjunction with the thesis director. Please NOTE: Student is required to provide a copy to all committee members; 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 included in the Appendix of the completed thesis. The Graduate Program Director completes and submits this form to Marquerite Latham (bassm@ecu.edu).

NOTE: You may have to select “enable editing” in order to fill in this form.

Date: 8/5/2019

Student Name: 

Phone Number: 

Email Address: 

Degree Program/Dept.: 

Banner ID: 

Working Title of Thesis Research: 

Mentor/Director of Master’s or Doctoral work:

1. (Type or print name and Banner ID Here)  

Graduate or Associate Graduate Faculty

All Graduate Student Advisory Committees must have at least three ECU Graduate or associate Graduate Faculty members (some ECU Programs may require more, please check with your Graduate Program Director), which includes the mentor/director. Requests for External members need to be submitted by the Graduate Program Director, as defined in the Faculty Manual (Faculty Manual, Part II, Section IV, subsection F)

Tentative Graduate Student Advisory Committee members:
If so, please list:

2.  

Graduate or Associate Graduate Faculty
3. (Type or print name and Banner ID Here) □ Graduate or Associate Graduate Faculty

4. (Type or print name and Banner ID Here) □ External Member □ Graduate Teaching Faculty □ Associate/Full time Graduate Faculty

5. (Type or print name and Banner ID Here) □ External Member □ Graduate Teaching Faculty □ Associate/Full time Graduate Faculty

Has your proposed research been reviewed and approved by your director? Choose an item.

Does your research involve human subject? Choose an item.
Has it been approved by the UMCIRB? Choose an item.
If not, when will it be reviewed for approval?

Does your research involve animals? Choose an item.
Has it been approved by the IACUC? Choose an item.
If not, when will it be reviewed for approval?

Does your research involve potential biohazards such as recombinant DBA, viral vectors, infectious agents, human blood products, etc.? Choose an item.
Has it been approved by the Biosafety Committee? Choose an item.
If not, when will it be reviewed for approval?

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**Approvals:**

Thesis Director Signature
Click here to enter a date. Date

Unit Graduate Program Director Signature
Click here to enter a date. Date

**Acknowledgement of Receipt by Graduate School:**

Dean of the Graduate School or designee
Click here to enter a date. Date