## Saint Louis University Graduate Education

Master's Thesis Proposal/Prospectus

	First Name	MI
anner ID#	Local Phone	
mail		
ocal Address St	reet Address	Apt/Box #
City	State	Zip
egree Sought		
lajor Field		
linor Field (if applicable)		
hesis Advisor/Mentor		
eader 1	Reader 2	
	e lines below the anticipated title o precise and concise and should con	
	uture, electronic, database searches	
or phrases to facilitate f		lar Fall or Spring

II. <u>University Approvals</u> – Regulations of the Federal Government demand University critique of every research design that in any way requests/requires information from or cooperation of human subjects or involves laboratory animals. If human subjects are to be sources of data, one or more informedconsent form(s) may be required as addenda to the research design.

## Are human subjects required in this research? \_\_\_\_\_Yes \_\_\_\_No

If "Yes," the Principal Investigator (PI; responsible for the overall research project) must provide the Institutional Review Board (IRB) number and sign to indicate that the IRB has approved the research design and the informed-consent form(s):

IRB #	Signatur	re
Are laboratory animals required i	n this research?Ye	es <u>No</u>

If "Yes," the PI must provide the Animal Care Committee (ACC) authorization number and sign to indicate that the ACC has approved the research design:

ACC#

Signature

The **student must sign here** to indicate completion of this section and of this proposal/prospectus as a whole:

Student Signature

III. <u>Major-Field Approval</u> – The mentor and the department chairperson or graduate program director are responsible for critical reviews of this proposal/prospectus. Both mentor and chairperson/director must sign to indicate full approval. In addition to the mentor, the other two "readers" must sign this form on the designated lines. Comments, if any, may be made by the mentor, readers, or the chairperson/ director on separate, attached pages. NOTE: This section may NOT be completed (signed) before completion of Section II.

Thesis Mentor	Date
Reader	Date
Reader	Date
Chairperson/Graduate Program Director	Date

Date email/scan to Graduate Education

DuBourg Hall, Room 420C **\*** 221 N. Grand **\*** St. Louis, MO 63108 314/977-2245 **\***masterscandidacyspecialist@slu.edu