EDWARDSVILLE

REGISTRATION OF THESIS TITLE

Southern Illinois University Edwardsville Graduate Records, Campus Box 1047 Edwardsville, IL 62026-1047 Telephone: (618) 650-3167 Fax: (618) 650-2081

Name	Social Security Number	Phone Number	Date
Street	City		State Zip Code
Graduate Degree Program	Graduate Degree Sought		Expected Graduation (Term/Yr)
Thesis Title (please type)			
Nature of Research (please type;	briefly describe information-gathering	method and sources	to be used)
Advisory Committee Signature	es – Graduate Faculty Only (min	nimum of three)	
1. printed name	signature		
2. printed name	signature		
3. printed name	signature		
4. printed name	signature		
	ne protocols if this research involven subjects recombinar		eck any involved)
biohazardous material, human soff-campus, must comply with required research protocols and commencement of the research Hall, Room 2202, or visit the w	th the respective federal regulators subjects, or recombinant DNA, incomposed and University of the approval from the approximation of the Students should contact the Offensite at http://www.siue.edu/ORFmals, biohazardous materials, human	cluding student resersity policies. Stuppiate compliance fice of Research a P/ORP_POL/orppo	tearch, carried out on- or idents must complete the committee <i>prior to</i> the nd Projects (Rendleman l.html) for the guidelines
Reviewed and Approved by the	ne Graduate School:		
Chairperson & Title, Appropriate R	egulatory Committee Dean Gr	raduate Studies and F	Research