Southern Illinois University Edwardsville
Graduate Records, Campus Box 1043
Edwardsville, IL 62026-1043
Telephone: (618) 650-3167
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REGISTRATION OF THESIS TITLE

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 Signatures – **Graduate Faculty Only** *(minimum of three)*

1. *printed name* _____ *signature* _____
2. *printed name* _____ *signature* _____
3. *printed name* _____ *signature* _____
4. *printed name* _____ *signature* _____

Please complete the appropriate protocols if this research involves the use of (check any involved)…..

_____ animals _____ human subjects _____ recombinant DNA _____ biohazardous material

Under University assurance with the respective federal regulatory offices, all research involving animals, biohazardous material, human subjects, or recombinant DNA, including student research, carried out on- or off-campus, must comply with government regulations and University policies. Students must complete the required research protocols and receive approval from the appropriate compliance committee *prior to* the commencement of the research. Students should contact the Office of Research and Projects (Rendleman Hall, Room 2202, or visit the website at http://www.siue.edu/ORP/ORP_POL/orppol.html) for the guidelines and protocols for the use of animals, biohazardous materials, human subjects, or recombinant DNA research.

Reviewed and Approved:

_____ _____

Chairperson & Title, Appropriate Regulatory Committee Dean, Graduate Studies and Research