



Doctoral Dissertation/Project Proposal Hearing Request Form

Please Select a Program:

Student's Name [Type]: \_\_\_\_\_ Banner ID: \_\_\_\_\_

The tentative title and a brief description of the dissertation/project is:

\_\_\_\_\_

Table with 3 columns: Question, CHECK ONE (NO/YES), and Requirement. Rows include: Research will involve human subjects, Research will involve animals (vertebrate), and Research will involve r DNA, potentially infectious materials, or toxins.

Anticipated Proposal Hearing Date: \_\_\_\_\_

Anticipated Dissertation/Project Defense/Final Exam Date: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Signatures Required (student and chair acknowledge IRB approval of protocol is required prior to initiating research):

Student [Signature] \_\_\_\_\_ Type Name \_\_\_\_\_ Date \_\_\_\_\_

Dissertation Committee Chair [Signature] \_\_\_\_\_ Type Name \_\_\_\_\_ Date \_\_\_\_\_

Program Coordinator [Signature] \_\_\_\_\_ Type Name \_\_\_\_\_ Date \_\_\_\_\_

For more information, visit http://research.tamucc.edu/compliance/index.html

Complete this form. Email to gradcollege@tamucc.edu to be routed for signatures. Form should be submitted no later than two weeks prior to the hearing and, at minimum, two semesters prior to the student's anticipated graduation. Contact CGS with questions 361.825.2174.

For CGS Use Only:

\_\_\_\_ Dean, CGS \_\_\_\_\_ Date \_\_\_\_\_ Informed Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_
\_\_\_\_ Copy sent to College (Initials only) \_\_\_\_\_ Date \_\_\_\_\_ 03/2018
\_\_\_\_ Data entered on spreadsheet (Initials only) \_\_\_\_\_ Date \_\_\_\_\_ Form D