



# ARKANSAS TECH UNIVERSITY



## TOPIC APPROVAL FORM FOR DISSERTATION RESEARCH PROJECT

This form is to be accompanied by a one-page typewritten description of the proposed research paper or applied research project (3 hours). The description must include the problem, the value and significance of the problem, and the method used.

**To the Student:** Please submit a signed copy of this form to the Graduate College **before you begin working** on your research. Your advisor and the department head will not sign this form until they have read and approved the written proposal description. The Graduate College will send an electronic a copy of this form to you and the department head or graduate program director once it has been signed by the Graduate College Dean.

**STUDENT NAME** (Print): \_\_\_\_\_ **T NUMBER:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **GRADUATION DATE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**TITLE** (Print): \_\_\_\_\_

Is Institutional Review Board (IRB) approval required for your research? ☐ **YES** ☐ **NO**

If yes, please provide the date your study was approved. \_\_\_\_\_

**ALL COMMITTEE MEMBERS MUST HAVE GRADUATE FACULTY STATUS:**

My signature indicates I agree to provide the graduate student with the information and direction necessary to prepare an acceptable document for presentation to the Graduate College and the fulfillment of the Doctoral degree requirement.

COMMITTEE CHAIRPERSON (PRINT)	SIGNATURE	DATE
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COMMITTEE MEMBER (PRINT)	SIGNATURE	DATE
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COMMITTEE MEMBER (PRINT)	SIGNATURE	DATE
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**SIGNATURES OF APPROVAL:**

Program Director	Date
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Dean of the Graduate College	Date
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