

RESEARCH & THESIS APPROVAL FORM

DEPARTMENT OF BIOLOGY
MIDDLE TENNESSEE STATE UNIVERSITY

Students seeking the MS degree in Biology must complete and file this form with the departmental graduate coordinator by the end of the second semester of graduate study.

NAME: _____
(Last) (First) (MI)

The MS degree in biology may be pursued with or without a declared area of specialization. If an area of specialization is not desired, check the box labeled "BIOLOGY". If an area of specialization is elected, 15 semester hours including BIOL 6620 (Biological Research) and BIOL 6640 (Thesis) must be completed. Please check the appropriate box indicating the selected area of specialization.

- | | | | |
|-----------------------------------|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> BIOLOGY | <input type="checkbox"/> ECOLOGY | <input type="checkbox"/> PHYSIOLOGY | <input type="checkbox"/> BOTANY |
| <input type="checkbox"/> GENETICS | <input type="checkbox"/> ZOOLOGY | <input type="checkbox"/> CELL/MOLECULAR BIOLOGY | <input type="checkbox"/> MICROBIOLOGY |

THESIS TOPIC (tentative title/research area): _____

CURRENT RESEARCH STATUS (check all that apply):

- Research topic selected
- Written thesis proposal complete
- Thesis proposal approved by Thesis Advisory Committee Date: _____
- Some observations and/or data collected

Does this research include the use of live vertebrate animals? ____ Yes ____ No
Student completed IACUC approved training on _____.
MTSU IACUC Protocol number _____ and approval date_____.

Does this research include the use of human subjects? ____ Yes ____ No
Student completed IRB approved training on _____.
MTSU IRB Protocol number _____ and approval date_____.

The following faculty members have agreed to guide the research and critically review the thesis:

Thesis Advisor _____
(Printed name) (Signature)

Committee Member _____
(Printed name) (Signature)

Committee Member _____
(Printed name) (Signature)

Committee Member _____
(Printed name) (Signature)

I understand the written and oral portions of my comprehensive examination will be prepared and graded by my Thesis Advisory Committee, and I must answer questions from each committee member.

(Student Signature) (Date Submitted)