

**Graduate School
UNIVERSITY OF ARKANSAS**

MASTER'S THESIS TITLE

Student's Name: _____ ID Number: _____

Degree Sought: _____ Degree Program: _____

Title of the thesis to be applied toward the requirements of the degree and the degree program listed above:

Will Research Committee Review Be Required?

(This section **must** be completed.)

Approval #

Biosafety Committee (Recombinant DNA)

Yes* _____

No _____

Animal Care and Use Committee

Yes* _____

No _____

Institutional Review Board (Human Subjects)

Yes* _____

No _____

Please refer to the Office of Research Compliance web site for information about specific research committees:

vpred.uark.edu/199.php

***NOTE TO STUDENT:** If **Yes** is checked, approval must be on file with the Office of Research Compliance before the degree will be conferred. If **No** is checked, no data requiring committee approval may be used in the thesis.

Chair of the Committee*: _____ Date: _____

(*Chair must hold
graduate faculty status of I or II.)
(signature)

Department Chair/Head: _____ Date: _____

(signature)

Approved: _____ Date: _____

Office of the Graduate Dean

This form is to be submitted to the Graduate School as soon as the thesis topic has been established. The comprehensive examination may be scheduled as early as three months after the filing and acceptance of the thesis title.

The booklet Guide for Preparing Theses and Dissertations is available on our web site at grad.uark.edu/ and should be adhered to rigorously.

Original: Graduate School
xc: Department/Degree Program