

The University of Memphis

106 Roane Fieldhouse
Memphis, TN 38152
Phone: (901) 678-5037



College of Health Sciences

APPLIED PROJECT PROPOSAL DEFENSE

Please type or print. When all signatures have been obtained, return original to the Graduate Office in the College of Health Sciences and retain a copy for the student's file. If animal or human subjects will be used, approval must be obtained before ANY research is undertaken.

Student's Name: _____ Banner ID: U _____

Current Mailing Address: _____

E-Mail Address: _____ Telephone No. _____

Major: _____ Concentration: _____

Degree: _____

Today's Date: _____

The above student successfully defended his/her applied project proposal on: _____

The tentative applied project title is: _____

Necessary human subjects ___ or animal use ___ approval (check one) has been obtained

Attach copy of approval letter.

Protocol Number: _____

Advisory Committee (Please print or type)

Signatures

Chair, Advisory Committee

Chair, Advisory Committee

Committee Member

Committee Member

Committee Member

Committee Member

Committee Member

Committee Member

Committee Member

Committee Member

College Director of Graduate Programs

College Director of Graduate Programs

Revised 01/29/16