

Thesis/Doctoral Culminating Project – Research Compliance Form

This form should be completed by all students who are doing a thesis or doctoral culminating project (dissertation, capstone, DNP project). This form should be submitted PRIOR to submitting an application to IRB/IACUC or beginning data collection (if applicable). If changes occur in general topic and/or research method(s), a new form must be submitted. Failure to complete this form prior to starting research could have implications for completion of your graduate degree.

**SECTION I**: To be completed by the student

Name:       Student ID#

Phone Number:       WCU Email:

Check one:

Thesis  DPA Capstone  EdD Dissertation  PsyD Dissertation  DNP Project

Degree:

Title of Study:

Committee Chairperson:

Brief summary of your research topic & study:

Research method(s) you expect to use:

Materials and equipment you anticipate using (if applicable):

Estimated timeframe for project:

**Signature of Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**       **Anticipated Graduation Date:**

**SECTION II**: To be completed by the Committee Chairperson

Thesis committees are comprised of 3-4 WCU faculty members.

Doctoral culminating project committees are determined and set by each individual program.

Having signed below, I hereby agree to serve as the student's thesis or doctoral culminating project chairperson.

Signature of Committee Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After SECTION II is complete, please send form to** [**gradstudy@wcupa.edu**](mailto:gradstudy@wcupa.edu) **or deliver to McKelvie Hall, Office of Graduate Studies, 102 W. Rosedale Ave. The graduate staff will work with the ORSP representative to facilitate review for Section III.**

**SECTION III:** To be completed by Office of Research & Sponsored Programs (ORSP) Representative

IRB Review Required:  Yes No

Animal Care Review Required:  Yes No

Comments:

Name & Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send completed form to** [**gradstudy@wcupa.edu**](mailto:gradstudy@wcupa.edu) **or deliver to McKelvie Hall, Office of Graduate Studies, 102 W. Rosedale Ave.**

**Student and committee chair will receive an email confirming receipt of the form and next steps.**