CERTIFICATION OF DOCTORAL RESEARCH COMMITTEE AND DISSERTATION PROPOSAL

(A copy of the IRB “Initial Application for Research Involving Human Subjects” form, approved by the Department Human Subjects Review Chairperson, must be attached. The form is available on-line at http://www.umresearch.umd.edu/ORAA/forms/umoraa.html#6.)

Name of Student ___________________________ UID ______________________

Department ___________________________ Ph.D. ______________ Ed.D. ______________

Title of Proposal:
____________________________________________________________________________

____________________________________________________________________________

This is to certify that the proposal is suitable for a dissertation for this student as directed by the dissertation chairperson, and has been reviewed for conformity of research on human subjects (form attached). Any member outside of UM, College Park must be nominated to serve on the graduate faculty as a special member. Special members, and University of Maryland adjunct and emeritus graduate faculty, must maintain their status (5 year term) in order to serve on student committees.

Research Committee Members: (At least three persons are required, including the dissertation supervisor.)

Dissertation Supervisor ____________________________________________________________

(TYPE OR PRINT NAME) ___________________________ SIGNATURE ____________________ DATE __________

Research Committee Members

(TYPE OR PRINT NAME) ___________________________ SIGNATURE ____________________ DATE __________

(TYPE OR PRINT NAME) ___________________________ SIGNATURE ____________________ DATE __________

(TYPE OR PRINT NAME) ___________________________ SIGNATURE ____________________ DATE __________

(TYPE OR PRINT NAME) ___________________________ SIGNATURE ____________________ DATE __________

NOTE: Formal appointment of the committee takes place when the “Nomination of Thesis or Dissertation Committee” form is approved by the Graduate School (normally submitted early in the semester of graduation, prior to the final oral defense). If any member, identified on this form, is ineligible to serve on student committees the dissertation chairperson will be notified by the College.

Please return this form to the Graduate Studies Office, Room 1204 Benjamin Building.

DEPARTMENT GRADUATE DIRECTOR'S SIGNATURE ______________________ DATE __________

ASSOCIATE DEAN’S SIGNATURE ______________________ DATE __________

pad (02/07)