MICHIGAN STATE UNIVERSITY

APPENDIX A

Copies to: Dean
Department
Advisory Committee
Student

REPORT OF THE ADVISORY COMMITTEE: MA PROGRAM

See the catalog (Academic Programs) regarding composition of advisory committee and deadlines for its formation and for filing this report listing all degree requirements.

Name _____ Student No. _____
Last First Middle

First Semester in Masters Program _____ Dept. _____ Major _____
Semester Year

Bachelor of _____
Institution Year Major

Tentative Thesis Subject _____

Director _____

Will the student's research involve the use of:			I understand it is necessary to obtain institutional review and approval prior to initiating any research involving the use of human or animal subjects or hazardous materials.
human subjects or human materials?	☐ Yes	☐ No	
warm-blooded animals?	☐ Yes	☐ No	
or hazardous substances?	☐ Yes	☐ No	(STUDENT'S SIGNATURE) Mo/Day/Yr

MA PROGRAM

PLEASE PRINT OR TYPE AND CLUSTER BY FIELD

Dept.	Course No.	Semester	Title	No. CR	Dept.	Course No.	Semester	Title	No. CR

Approved:
(Please TYPE advisory committee members' names BELOW signatures)

1. _____
, Chairperson Mo/Day/Yr
2. _____
3. _____
4. _____
5. _____
6. _____