



PhD RESEARCH APPROVAL FORM

Submit copies of the completed and signed form to: (1) Registrar (2) Department Head (3) Major Supervisor(s)

Student Name: _____ **Student I.D.:** _____

Address: _____

Department: _____

Research Area: _____

PhD Research Title: _____

Research Advisory Committee

Name	Approval	Signature/Date
Major Supervisor(s)		
1.	Yes/No	
2.	Yes/No	
Committee		
1.	Yes/No	
2.	Yes/No	
3.	Yes/No	
4.	Yes/No	
5.	Yes/No	

Research Objectives: *(Attach additional information; include Name and Student ID on all pages)*

Tentative Methodology and Study Plan: *(Attach additional information; include Name and Student ID on all pages)*

Student Signature: _____

Date: _____

By signing above, I certify that the information I have provided in this form is accurate. I acknowledge that knowingly providing false information is considered grounds for dismissal from the University.

OFFICE USE ONLY

Head of Department:

I support this student's research proposal

I do not support this student's research proposal

Please outline reason for refusal:

Head of Department Signature: _____

Date: _____
