



Master's Thesis Title

Student's Name: _____ ID Number: _____

Degree Sought: _____ Degree Program: _____

Title of the thesis to be applied toward the requirements of the degree and the degree program listed above:

Four horizontal lines for writing the thesis title.

Will Research Committee Review Be Required?

(This section must be completed.) Approval #

Table with 3 columns: Committee Name, Yes/No, Approval #. Rows include Biosafety Committee, Animal Care and Use Committee, and Institutional Review Board.

Please refer to the Office of Research Compliance web site for information about specific research committees:

research.uark.edu/units/rsep/

*NOTE TO STUDENT: If Yes is checked, approval must be on file with the Office of Research Compliance before the degree will be conferred. If No is checked, no data requiring committee approval may be used in the thesis.

Chair of the Committee*: _____ Date: _____
(*Chair must hold graduate faculty status of I or II.)

Department Chair/Head: _____ Date: _____

Approved: _____ Date: _____
Office of the Graduate Dean

This form is to be submitted to the Graduate School as soon as the thesis topic has been established. The comprehensive examination may be scheduled as early as three months after the filing and acceptance of the thesis title.

The booklet Guide for Preparing Theses and Dissertations is available on our web site at grad.uark.edu/ and should be adhered to rigorously.

Original: Graduate School
xc: Department/Degree Program