



## UTSPH CE/Thesis/Dissertation Proposal Cover Sheet

<b>STUDENT NAME</b>	LAST:	FIRST:
<b>STUDENT PROPOSAL TITLE</b>		
<b>UT EMAIL ADDRESS</b>	Student.Name@uth.tmc.edu	
<b>PHONE NUMBER (Area Code &amp; Number)</b>	Day: (    ) Evening: (    )	
<b>COMMITTEE NAMES</b>	Academic Advisor/Chair:	
	CE/Thesis/Dissertation Supervisor:	
	Additional Committee Member(s):	
<b>DEGREE PROGRAM</b>	<i>MPH</i> <i>MS</i>	<i>DrPH</i> <i>PhD</i>
<b>STUDENT DEPARTMENT</b>	<i>Biostat</i> <i>Epi</i> <i>Env</i>	<i>HPBS</i> <i>MPCH</i> <i>General</i>
<b>CAMPUS</b>	<i>Austin</i> <i>Brownsville</i> <i>Dallas</i>	<i>El Paso</i> <i>Houston</i> <i>San Antonio</i>
<b>FUNDING for Your Project?</b>	YES      NO If YES, indicate <u>Amount</u> and <u>Source(s)</u> :	
<b>(Doctoral Students ONLY) Proposal Defense passed?</b>	YES      N/A If YES, date Proposal Defense was passed: ___/___/___ If N/A, date Qualifying Exam was passed: ___/___/___	

**SIGNATURES** (Student and all Committee Members must sign. External Reviewers should not sign this document)

\_\_\_\_\_ Date

Student (Sign)

*By signing below, you indicate that you have reviewed and approved this research project for scientific merit:*

\_\_\_\_\_ Date

Academic Advisor/Chair (Print)

\_\_\_\_\_ Date

Academic Advisor/Chair (Sign)

\_\_\_\_\_ Date

CE/Thesis/Dissertation Supervisor (Print)

\_\_\_\_\_ Date

CE/Thesis/Dissertation Supervisor (Sign)

\_\_\_\_\_ Date

Committee Member (Print)

\_\_\_\_\_ Date

Committee Member (Sign)

\_\_\_\_\_ Date

Committee Member (Print)

\_\_\_\_\_ Date

Committee Member (Sign)

\_\_\_\_\_ Date

Committee Member (Print)

\_\_\_\_\_ Date

Committee Member (Sign)

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Committee Member (Print) \_\_\_\_\_ Date \_\_\_\_\_

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Committee Member (Sign) \_\_\_\_\_ Date \_\_\_\_\_

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Committee Member (Print) \_\_\_\_\_ Date \_\_\_\_\_

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Committee Member (Sign) \_\_\_\_\_ Date \_\_\_\_\_

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Committee Member (Print) \_\_\_\_\_ Date \_\_\_\_\_

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Committee Member (Sign) \_\_\_\_\_ Date \_\_\_\_\_

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Committee Member (Print) \_\_\_\_\_ Date \_\_\_\_\_

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Committee Member (Sign) \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only – Administrative Review Completed**

<hr/>		Submitted _____
Senior Administrative Coordinator	Date _____	Complete _____
		IRB Approval _____