

Department of Applied Medicine and Rehabilitation  
College of Health and Human Services  
Indiana State University  
Terre Haute, Indiana

**APPROVAL OF RESEARCH PROJECT PROPOSAL**

Steps to be taken in the preparation of a Research project are presented in the policy and procedure manuals for each program in the Department of Applied Medicine and Rehabilitation. This form should be completed at the time of the first meeting of the research project committee. A research project proposal includes statements of importance of study, purposes, methodology, etc., must be attached to this form.

**Report of Research Project Committee Meeting**

Name: \_\_\_\_\_ ISU Student ID #: \_\_\_\_\_  
                    Last                      First                      Middle

Address: \_\_\_\_\_  
                    (Street)                                      (City)                                      (State)                      (Zip)

Graduate Program \_\_\_\_\_ AT \_\_\_\_\_ PA-C \_\_\_\_\_ DPT \_\_\_\_\_ OT

Proposed Title of Research Project \_\_\_\_\_  
\_\_\_\_\_

Approved by:

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Academic Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Submit this form and a copy of the Research Project Proposal to the Research Project, Committee Chair, Program Director, Department Chair, and the Dean of the College of Health and Human Services

Distribution: Student, Committee Chairperson, Department Chairperson, Dean of CHHS Revised 10/2011