

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

APPROVAL OF RESEARCH/SCHOLARLY PROJECT COMMITTEE

Title of Research Project: _____

Student: _____ Date: _____

Student: _____ Date: _____

Your signature below states your agreement to provide guidance to the student(s) listed above during progress of the research project. It ensures your commitment to the student and the committee.

Committee Chairperson: _____ Date: _____

Signature: _____

Committee Member: _____ Date: _____

Signature: _____

Committee Member: _____ Date: _____

Signature: _____

Committee Member: _____ Date: _____

Signature: _____

Program Director: _____ Date: _____

Signature: _____

Department Chairperson: _____ Date: _____

Signature: _____

Academic Dean: _____ Date: _____

Signature: _____

One completed copy should be kept with the student, the chair of the committee, and the main department office.