

**MONTCLAIR STATE UNIVERSITY
THE GRADUATE SCHOOL
APPROVAL FOR WRITING A MASTER'S THESIS
and COMMITTEE MEMBERSHIP**

The following student is approved to register for the Master's Thesis course:

Student Name: _____ CWID #: _____

Course Title: _____ Course Number: _____

Semester: _____ Year: _____ Section No.: _____ Semester Hours: _____
(assigned by the Registrar)

	Type or Print	Sign	Date
Thesis Sponsor	_____	_____	_____
Graduate Program Coordinator	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member	_____	_____	_____
The Graduate School	_____	_____	_____
Student*	_____	_____	_____

*Submission of this form confirms that the Student has read and understands the *Procedures and Guidelines for the Preparation of Master's Theses at Montclair State University* and will adhere to all policies, procedures, and deadlines outlined within.

Thesis Title: _____

Thesis Style Manual: _____

(Attach Thesis Outline to this Form)

Institutional Review Board (IRB) APPROVAL SECTION (required for all students)

Does your Thesis activity involve human subjects?

	Yes	No	Not Sure
Is the data or information being obtained from or about living individuals? <i>Items that qualify (list is not comprehensive): survey data, interview data, blood samples, hair samples, publicly available data (BRFSS, ICPSR), focus group recordings, educational assessments.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the data collected through intervention or interactions with individuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the data contain identifiable private information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected 'Not Sure' to any of the previous questions, please contact the IRB at 973-655-7583. If you selected 'Yes' to any item, your research involves human subjects and you will be required to submit an application to the IRB. Your thesis sponsor must initial below after reviewing your selections above.

*Thesis sponsor initials _____