

## Approval of Thesis/Dissertation Supervisory Committee

STUDENT'S INFORMATION	
Full Student's Name: _____	QU ID: _____
Program: _____	Department: _____
Email Address: _____	
Thesis/Dissertation Title: _____	

SUPERVISORY COMMITTEE MEMBERS			
Title	Name		Signature
Thesis/Dissertation Supervisor			
Committee Member 2			
Committee Member 3			
Committee Member 4			
Committee Member 5			

*Note: Only appoint individuals who have agreed to serve and who, preferably, have Graduate Faculty Supervisory Status. Kindly note that the Supervisor MUST be a QU Faculty member with Graduate Faculty Supervisory Status*

SUMMARY OF RESEARCH PROPOSAL
Attach a Summary of the Research Proposal [Title, Abstract, Research Question, Methodology, etc.]

RESEARCH COMPLIANCE		
<b>Does this research involve human subjects?</b> (If yes, please attach the approval letter by the Institutional Review Board (IRB) at Qatar University)	Yes	No
<b>Does this research involve animals?</b> (If yes, please attach the approval letter by the Animal Care and Use Committee of Qatar University)	Yes	No
<b>Does this research involve hazardous or biohazard material?</b> (If yes, please attach the approval letter by the Biosafety and Hazardous Materials Committee of Qatar University)	Yes	No

SIGNATURES		
Title	Signature	Date
Student		
Head of Department / Program Coordinator		
Associate Dean for Research and Graduate Studies		
Dean/ On behalf of the Dean		