

College of Education

Special Project Proposal Approval Form

(M-1 Form)

Please return this form and any attachments to the Office of Graduate Studies at gradstudies@wsu.edu.

Student's Name:		WSU ID:	
Date of Meeting:			
Working Title of Special P	roject:		
_			
Decision of Master's Degre	e Advisory	Committee Regarding Proposal (check on	ne)
Approved as present	ted		
Approved subject to	additions, o	corrections and/or modifications as per the a	attached*
	-	corrections and/or modifications as per the all laster's Degree Advisory Committee	attached*, subject
Approval denied			
*Please attach a	, ,	any additions, corrections and/or modifications wand give a copy to the student.	rith this form,
Advisory Committee	Chair	Signatures	Date
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	_		
	_		
	_		
	_		
Nature of Research Propo	sed		
Will the thesis involve the c collected from human subje		data from human subjects and/or the use of k one)	archival data
	lata collectio	ust obtain WSU Institutional Review Board (I on process and/or initiating the analysis of a	
No			

Information for Master Students Who Collect Original Data for Special Project Study

Before you begin any data collection, an approved IRB approval confirmation must be submitted to the College of Education Office of Graduate Studies. Please either attach a copy to this document or email a copy to gradstudies@wsu.edu. In keeping with WSU Graduate School policy, failure to comply strictly with IRB requirements regarding the use of human subjects will result in your project not being accepted for meeting final graduate requirements. In addition, disciplinary action by Washington State University and/or legal action by the Federal Office of Human Research Protection may be taken.

Student Signature (Signature indicates acknowledgement of IRB policy noted above)	Date			
For COE Office of Graduate Studies use only				
Date approved IRB Form filed with COE Office of Graduate Stu	udies			
Approved Form filed by	 Date			