**Approval of Research Proposal**

[Please type all information and sign. To be submitted by the Committee Chair after proposal corrections are completed. Please attach corrected proposal.]

**To:** Graduate Program Director Doctoral Masters

**From:** Report Date:

*Research Advisor*

**Title of Research Project:**

**Hypothesis:**

**Check the appropriate box:**

 The research is exempt from IRB Review based on criterion # .

 IRB approval for the research has been obtained IRB approval is needed to complete this research

The following student has successfully defended his/her research proposal and we are satisfied with the student’s knowledge to complete the proposed work. We recommend that the student may continue with his/her research.

Student Name: Student ID:

Student Email Student Phone Number:

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| --- | --- | --- | --- | --- |
| **Type** | **Name** | **Affiliation** | **Date** | **Signature** |
| Chair |  | Bowie State University  |  |  |
| Regular |  | Bowie State University  |  |  |
| Regular |  | Bowie State University  |  |  |
| Regular |  | Bowie State University  |  |  |
| External  |  |  |  |  |
|  |  |  |  |  |

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| **APPROVAL SIGNATURES**  |
| Graduate Program Director:  | Signature: | Date: |
| Chair, Department of Computer Science | Signature: | Date: |