



Clinical Research Project Approval Form

Student Name: _____

Student Social Security Number: _____

Title of CRP: _____

CRP Committee (print name and terminal degree)

1. _____ Chairperson
2. _____ Committee Member
3. _____ Committee Member

1. Committee Approval

Chairperson Date

2. Proposal Approval

CRP Chairperson Date

Committee Member Date

Committee Member Date

Institutional Review Board Chair Date

3. Draft Approval

Chairperson Date

Committee Member Date

Committee Member Date

Registrar's Signature (*this signature authorizes completion of CRP registration*) Date

4. Editing Completed

Editor Date

5. Final Draft Approval

Chairperson Date

6. Bound Copy Accepted by School

Department Advisor Date

7. Electronic Copy Accepted by Library

Director of Library Services Date