



This form is to be submitted along with an electronic copy of the proposal (prospectus) and any IRB/IACUC approval letters. This form certifies the results of the student's proposal (prospectus) examination. No research involving human and/or animal subjects may take place until the appropriate approvals have been obtained; please refer to the FSU Graduate Bulletin. A signed form with a majority vote of "PASS" must be on file in the CHHS Office of Research & Graduate Studies no later than the graduation registration deadline in the semester the student plans to graduate.

**STUDENT INFORMATION**

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_  
 FSU student E-mail: \_\_\_\_\_  
 Department: \_\_\_\_\_ Plan: \_\_\_\_\_

**HUMAN SUBJECTS and/or ANIMALS SUBJECTS USE**

Does this research involve human subjects? \_\_\_\_\_ Does this research involve animal subjects? \_\_\_\_\_  
 If yes, date of IRB Approval(s): \_\_\_\_\_ If yes, date of IACUC Approval(s): \_\_\_\_\_  
*If IRB/IACUC is required, I will include a copy of my IRB/IACUC approval letter and informed consent form (IRB only) within the appendices of my manuscript.*

**TITLE OF MANUSCRIPT:**

*Note, digital signatures will only be accepted if completed through FSU DocuSign when accompanied by the verification page.*

**By signing below, I agree that the provided information is correct to the best of my knowledge.**

\_\_\_\_\_  
 Student's signature Date

**RESULTS:**

_____ Major Professor	_____ Signature	_____ Date	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> RE-EXAM
_____ University Representative	_____ Signature	_____ Date	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> RE-EXAM
_____ Committee Member	_____ Signature	_____ Date	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> RE-EXAM
_____ Committee Member	_____ Signature	_____ Date	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> RE-EXAM
_____ Committee Member	_____ Signature	_____ Date	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> RE-EXAM

**ACKNOWLEDGED:**

\_\_\_\_\_  
 Department Chair Signature Date

\_\_\_\_\_  
 Academic Dean Signature Date