



## DOCTORAL PROSPECTUS RESULTS FORM

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 CEHHS Office of Academic Services and Intern Support (OASIS) no later than **4 months prior to the day that the dissertation defense takes place**. After the prospectus defense, please ask your University Rep to separately fill out the college's Prospectus Evaluation Form.

### STUDENT INFORMATION

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_  
FSU 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: \_\_\_\_\_ If yes, date of IACUC Approval: \_\_\_\_\_  
*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:

*Digital signatures will only be accepted if completed through FSU DocuSign and accompanied by the verification page.*

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### RESULTS:

_____ (Co-)Major Professor	_____ Signature	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> RE-EXAM
_____ Co-Major Professor (if applicable)	_____ Signature	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> RE-EXAM
_____ University Representative	_____ Signature	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> RE-EXAM
_____ Committee Member	_____ Signature	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> RE-EXAM
_____ Committee Member	_____ Signature	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> RE-EXAM
_____ Committee Member (optional)	_____ Signature	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> RE-EXAM

### ACKNOWLEDGED:

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

Academic Dean or Delegate \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_