

**COMMONWEALTH UNIVERSITY
DEPARTMENT OF BIOLOGICAL &
ALLIED HEALTH SCIENCES**

**Form for Departmental Paper Proposal Approval
by the Advisory Committee**

TO: Associate Provost and Dean of Graduate Education

FROM: _____
Advisor of Record

DATE: _____

The following faculty have approved the Departmental Paper proposed by _____ . The research proposal and Compliance forms, if necessary, are attached.

Advisor

Member

Member

Approvals:

_____ Program Coordinator

_____ Assoc. Provost and Dean of Graduate Education

I have read the Departmental Paper Procedures and agree to comply with the terms as set forth therein.

Student Signature _____ **ID#** _____ **Date** _____

Anticipated date of Departmental Paper completion _____

- C: Student
- Departmental Paper Advisor
- Program Coordinator
- Advisory Committee members
- Student file
- School of Graduate Education