

EAST CAROLINA UNIVERSITY
College of Allied Health Sciences, Department of Nutrition Science
NON-THESIS PROJECT APPROVAL FORM

Date: _____ Student name: _____ Banner ID: _____

email address: _____

Non-thesis Project Committee Member(s): Name: _____ Department: _____
Name: _____ Department: _____
Name: _____ Department: _____

Title of Project: _____

1. Does your research project involve human subjects? yes no (skip questions 2-3)
2. Has your research project been approved by the Office for Human Research Integrity Human Subject's Committee?
 yes (skip question 3) no, but applicable
3. When will it be reviewed for approval? _____
4. Does your research project involve animals? yes no (skip questions 5-6)
5. Has your research project been approved by the Institutional Animal Care and Use Committee?
 yes (skip question 6) no, but applicable
6. When will it be reviewed for approval? _____
7. Does your research project involve the use of potential hazardous chemicals, biological materials, or radioactive computes? yes no (skip questions 8-9)
8. Has your research project been approved by the by the Biosafety Committee?
 yes (skip question 9) no, but applicable
9. When will it be reviewed for approval? _____

Under the direction of my Non-thesis Project Committee, I understand that this proposed Non-thesis Project is a requirement of the MS in Nutrition degree. I further agree to complete the Non-thesis Project to the satisfaction of my Non-thesis Project Committee as outlined in my Non-thesis Project Proposal and as approved by my Non-thesis Project Committee:

Student signature

Date

Approval:

Advisor Signature

Date

Committee Member Signature

Date

Committee Member Signature

Date

Committee Member Signature

Date

MS in Nutrition Program Director Signature

Date

cc: [Advisor](#), [Program Director](#)