

Please attach additional pages as necessary.

Student Name: \_\_\_\_\_

Major Advisor: \_\_\_\_\_

Area: (check one)

- Applied Cognitive
- Engineering
- Health

Project title:

In a few sentences, briefly explain the goal of the project, and any relevant hypotheses:

Succinctly identify and define your variables of interest (e.g., IVs, DVs, predictors, etc.):

Have you obtained IRB approval to conduct this study? (if on Advisor's approved IRB, select YES)

- Yes
- No

If No, when do you plan to submit it? \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*FOR MAJOR ADVISOR AND COMMITTEE USE ONLY\*\*\*\*\*

**Advisor**

Do you have any reservations or concerns about the proposed project? This includes timeline issues as well as any other issues that may be relevant. Please express any issues below, or N/A if none:

Do you approve of this proposal, and agree to support the above student's efforts in completing this project?

- Yes
- No

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Area Committee**

Do you have any reservations or concerns about the proposed project? This includes timeline issues as well as any other issues that may be relevant. Please express any issues below, or N/A if none:

Does the committee approve this proposal, and agree to support the above student's efforts in completing this project?

- Yes
- No

Area Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by GEC member: \_\_\_\_\_ Date: \_\_\_\_\_