

T R A

Terminal Research Approval Form

☼ Forward signed original to: Graduate Studies Office – 206 Showalter or gradprograms@ewu.edu
☼ Retain a copy for the department

MUST be received by Graduate Studies at least two weeks prior to the examination.

Note: The student and faculty signatures on this form are verification that there are **no outstanding incomplete or “x” grades.**

Last Name: _____ First Name: _____

EWU ID Number: _____ Email address _____

Graduation Term: _____

Degree: MA MS MEd MM MFA MURP MPA MPAcc MPH EdS MOT MSW

Specialization(s) or Major(s): _____

Student Signature

Date

Please check the appropriate box and sign:

The candidate’s research report thesis* terminal document has progressed to the point where it is ready to be defended at the comprehensive examination.

Or the candidate will complete a written comprehensive exam

Committee Chair Signature

Print

Date

Internal Committee Member (2nd) Signature

Print

Date

* **Thesis students only** must provide one PDF copy of their thesis to gradthesis@ewu.edu, one signature page with original signatures, and the signed Graduate Thesis Submission Form to Graduate Studies within ten (10) working days of the examination, or by the end of the term, whichever comes first. **It is recommended that students bring a copy of the thesis signature page to their examination, so they may gather signatures from all committee members at the conclusion of their successful exam.**

****This is REQUIRED to process form. Do NOT leave this section blank****

Third Committee Member: _____

Date of Exam: _____ Exam Location: _____ Exam Time: _____

All committee members have been notified of confirmed exam date/time/location and have received copies of terminal documents. Yes

IRB Approval Received Non-Applicable