Terminal Research Approval Form
Committee approval to schedule comprehensive examination

This form must be received in the Graduate Studies Office 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 grades, post examination internships and current classes excluded. Students with incomplete course work one quarter after successful examination will be assessed a late completion fee.

Last Name: ____________________________________________ First Name: ____________________________
EWU ID Number: ____________________________ Graduation Quarter: ____________________________
Degree: ____________________________________________ Major: ____________________________________________

____________________________________________________
Student Signature _____________________________________ Date ____________________________

Please check the appropriate box and sign:

☐ The candidate’s research report ☐ thesis* ☐ terminal document

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

Orals Committee Chair ____________________________________________ Date ____________________________

Internal Orals Committee Member (2nd) ____________________________ Date ____________________________

* Thesis students only must provide four (4) final copies with signature page to the Graduate Studies Office within ten (10) working days of the defense, or by the end of the quarter, whichever comes first.

Please supply the following information (if known):

Orals Date: ____________________________________________
Orals Time: ____________________________________________
Orals Location: ____________________________________________
IRB Approval Received or Not Applicable: ____________________________

Responses to this form may be e-mailed by the appropriate committee members directly to the Graduate Studies Office at gradprograms@mail.ewu.edu.

9/18/2009