Thesis/Doctoral Culminating Project – Registration and Research Compliance Form

This form is required and should be completed by all students working on a master’s thesis or doctoral culminating project. The form registers your project with the Graduate School and confirms the faculty advisor. Advising and research mentoring are the responsibility of the student’s Faculty Advisor and/or Committee Members.

WCUPA complies with federal regulations regarding the use of human subjects in research. Research sponsored, supported, or conducted by its faculty, staff, or students must not expose people who participate as subjects to unreasonable risk to their health, general well-being, or privacy. Student research projects that involve human beings as subjects must be conducted according to the university policy for the protection of human subjects.

It is the faculty advisor’s responsibility to ensure that students and their research are conducted in accordance with WCUPA University policies, and have a research protocol approved by the Institutional Review Board for the Protection of Human Subjects (IRB) for research with human subjects and the IACUC for research with animals. Students apply for IRB review by completing a protocol form that can be downloaded at <https://www.wcupa.edu/_admin/research/irb.aspx> and submitting it for review and routing to the IRB Committee for consideration. If you have any questions regarding the IRB, please email [irb@wcupa.edu](mailto:irb@wcupa.edu).

***To be completed by the student:***

Name:       Student ID#

Phone Number:       WCU Email:

Check one:

Master’s Thesis  DPA Dissertation  EdD Dissertation  PsyD Dissertation  DNP Project

Degree:

Anticipated Title of Study:

Faculty Advisor/Committee Chairperson:

Anticipated Graduation:

If your project involves human or animal subjects, please provide protocol number and date of approval from the IRB/IACUC:

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty Advisor/Committee Chairperson:

Faculty Advisor/Committee Chairperson Contact Information:

Date:

**Please send form to** t**hesisdoc@wcupa.edu or deliver to McKelvie Hall, The Graduate School, 102 W. Rosedale Ave.**