UCONN
OFFICE OF THE REGISTRAR

233 Glenbrook Road, U-4077
Storrs, CT 06269-4077
Phone: 860-486-3331 Fax: 860-486-0062
Email: registrar@uconn.edu

Dissertation Proposal for Doctoral Degree

Name _____   PeopleSoft ID_____
     Last, First, M.I.

Field of Study_____

     Area of Concentration (if applicable) _____

Title of Proposed Dissertation:

_____

_____

Use of Human (IRB) or Animal Subjects (IACUC) or Human Stem Cells (SCRO)

Visit the **Research Compliance** webpages at:

UConn, Storrs > https://ovpr.uconn.edu/   OR   UConn Health > https://ovpr.uchc.edu/

Check Appropriate Box for your Research*			
Human Subjects ☐	Animal Subjects ☐	Human Stem Cells ☐	No Human or Animal Subjects or Stem Cells ☐

The committee approved Dissertation Proposal document should be submitted even if you have not yet received approval from the Research Compliance Office

Important Notes

- The use of at least one reviewer from outside of the university is encouraged
- If the proposal document is submitted without approval from Research Compliance (see above) the milestone will appear as 'in-progress' on the academic record until research approval is received by degree audit
- The signed Dissertation Proposal should be submitted no later than when the ninth(9th) credit of Dissertation Research, GRAD 6950 / 6960 is completed
- The approved Dissertation Proposal **must** be on file in the Office of the Registrar before the public announcement of the final dissertation defense
- **Email** the completed, committee & department head approved Dissertation Proposal to degreeaudit@uconn.edu
  - **Emailing the proposal provides confirmation of submission for you and your advisory committee**
  - Please do not submit hard copies to the office

Student Signature: _____   Date: _____

UCONN
OFFICE OF THE REGISTRAR

Advisory Committee Approvals
(minimum of three required)

Major Advisor_____ / _____
　　　　　　　　　　(printed name)　　　　　　　　　　　　　　(approval signature)

Co-major Advisor_____ / _____
　(if applicable)

Associate Advisor_____ /_____

Associate Advisor_____ /_____

Associate Advisor_____ / _____

Department Appointed Reviewers (non advisory committee)
Dissertation proposal review option (check one)

☐　　Read by two reviewers

☐　　Student presentation to advisory committee and two
　　　reviewers

☐　　Review committee

_____　　_____
Department / Program Head or Review Committee Chairperson Approval　　Date

UCONN
UNIVERSITY OF CONNECTICUT

registrar.uconn.edu