

**SENIOR THESIS APPLICATION**

*For Students Graduating in Academic Year 2017-2018*

Please complete the following and return to the Registrar’s Office by **September 30, 2017.**

**Basic Information**

Student Name: Enter Student Name Carroll ID # Enter Carroll ID #

Expected Graduation Date: Choose Grad Date Cum GPA: Enter Cum GPA

Major(s): Enter Major(s) Honors Scholar: Yes [ ]  No [ ]

Thesis Director’s Name: Enter Thesis Director

Second Reader’s Name: Enter Reader Third Reader’s Name: Enter Reader

Proposed Thesis Title: Enter Thesis Title

**Registration Information**

Students will typically register for 3 credits of thesis study during their final semester at Carroll. Please indicate below the desired term and course number (e.g. BI 499, HI 499, PHIL 499). Honors Scholars should register for credits based on their discipline of study—only those completing a thesis grounded in the content of the Honors Scholars Program will register for HNR 499. Biology students will only be registered for 2 credits since they will also complete BI-477 for 2 credits.

Fall 2017 [ ]  Spring 2018 [ ]  Course # for Credits: Enter XX 499

**Institutional Review Board (IRB) Approval**

**If your research involves collecting information or data about human subjects, or testing/measuring human participants in any way, federal regulations and Carroll College policies require IRB approval prior to beginning the research.**

**If you plan to use human participants in your research or in a class project, you need to visit the Carroll IRB web site** <https://www.carroll.edu/academic-services/institutional-review-board>, **where you will find a complete description of the procedures and deadlines for IRB review of your research proposal. Proposals must receive approval prior to beginning research so students should plan accordingly.**

***Theses that do not follow the IRB application/approval process will not be approved for academic credit nor sanctioned by Carroll College.***

**Please sign one (1) of the following regarding IRB approval:**

* **RESEARCH *NOT* INVOLVING HUMAN SUBJECTS/PARTICIPANTS:** We have read and understand the regulations regarding research involving human subjects or participants and attest that they will not be used in this thesis research.

Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **RESEARCH INVOLVING HUMAN SUBJECTS/PARTICIPANTS:** We have read and understand the regulations regarding research involving human subjects or participants and attest that the student has received approval from the Institutional Review Board. We have **attached a copy of the IRB approval letter**. Furthermore, we have completed the training by the National Cancer Institute Protection of Human Participants and have **also attached the certification of training with this application.**

Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signatures**

***Student:*** *By signing below, I agree to grant Carroll College and the Carroll College Library worldwide, royalty-free, non-exclusive, perpetual right to display, reproduce, copy, and distribute copies of my thesis without restriction.*

***Faculty:*** *By signing below, I affirm that this applicant's scholastic record indicates that he/she has the academic foundation necessary to complete this thesis.*

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

Thesis Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thesis Reader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thesis Reader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

To be completed by the Registrar’s Office:

IRB Approval Letter [ ]  Human Participants Certification [ ]  Not Applicable [ ]

Student/Director contacted regarding missing items [ ]  Application Complete [ ]

Registrar’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_