

# Approval for the DRP Proposal

**Student Name:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

**Research Advisor:** \_\_\_\_\_

**Title of DRP Proposal:** \_\_\_\_\_

**Submission Date:** \_\_\_\_\_

*(The Committee has 10 days to approve the proposal or make suggestions)*

**I agree to serve on the DRP committee, and I approve of this proposal:**

**Suggested Committee:**

**Final Committee:**

**Signature:**

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**Comments:**

**Signature of GEC Chair:** \_\_\_\_\_

**Committee / Proposal Approval Date:** \_\_\_\_\_