



Annual Research Symposium

A&M-COMMERCE

A&M-Commerce Annual Research Symposium

ADVISOR APPROVAL FORM

Student's Name:

CWID:

Email Address:

Project Title:

I have reviewed and approve the research as presented for the above student.

Advisor's Name:

Advisor's Email:

Protocol Number:

Advisor's Signature:

Date:

Does the student need a protocol (IACUC, IBC, or IRB)?

The chair for each committee will review the registration if no protocol exists. If the chair finds a protocol was required for the research, and one was not submitted, the participant will be disqualified from participation in the symposium.

This approval form must be accompanied by Abstract .

Email Abstract and Approval Form to: ars@tamuc.edu