## 2024 Annual Research Symposium ADVISOR APPROVAL FORM

Student's Name:				
Campus Wide ID:			Student Classification:	
College of your Degree:			Campus you Attend:	
Academic Department of your Degree:				
Email Address:				
Co-Presenter(s):	Yes	No		
If yes, Name & Email:				
Abstract Title:				
ADVISOR	I have revie	wed and approve t	he research as prese	nted for the above student.
ADVISOR  Advisor's Name:	I have revie	wed and approve t	he research as presei	nted for the above student.
	I have revie	wed and approve t	he research as presei	nted for the above student.
Advisor's Name:	I have revie	wed and approve t	he research as presei	nted for the above student.
Advisor's Name: Advisor's Email:	I have revie	ewed and approve t	he research as presei	nted for the above student.
Advisor's Name:  Advisor's Email:  Protocol Number:	I have revie	ewed and approve t	he research as presei	nted for the above student.

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

**STUDENT** 

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 must be submitted via email along with a copy of your research abstract and RCR Certificate of Completion by the required deadline.

Deadline:

March 22, 2024

(Extensions not granted)

Email this Approval Form along with abstract and RCR certificate to:

ars@tamuc.edu