2025 Annual Research Symposium

STUDENT	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	No more than 2 co-presenters per research project. Each must have their own Advisor Approval Form and RCR Certificate. Please indicate the main presenter.
If yes, Name & Email:			
Abstract Title:			
Presentation Mode:	Poster	Oral	
		ntations - proje y or may not b	ects in which hypotheses or research questions have already been established and data e complete.
	Oral Presenta	ntions - project	s in which data collection and analysis have been largely completed.
ADVISOR	I have re	viewed an	d approve the research as presented for the above student.
Advisor's Name:			
Advisor's Email:			
Protocol Number:			
If no Protocol-Explain:			
- Required -			
Advisor's Signature:			Date:
	mittee will re	view the re	or IRB)? gistration if no protocol exists. If the chair finds a protocol was required for articipant 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 21, 2025

(Extensions <u>not</u> granted)

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

ars@tamuc.edu