

COLLEGE OF HEALTH AND HUMAN PERFORMANCE
University of Florida
Department of Applied Physiology and Kinesiology

Final Approval Form for Research Proposal*

Student's Name: _____

UF ID# _____

Date of Proposal Review: _____

Title of Proposal: _____

The research study identified above by title is of such potential that I am able to approve its development without reservation.

Committee Members' Signatures:

_____, Chairperson

I understand that any variation in this proposal must be approved by my Committee.

Student's Signature _____

*Return this form to the Graduate Coordinator's office (Room 100 FLG) along with a copy of the research proposal.