

**Dallas Theological Seminary
Research Review Committee
Application for Review of Research Proposals**

Name: _____ **Email:** _____
Institutional Affiliation: _____ **Title/ Position:** _____
Telephone: _____ **Fax:** _____

Address: _____

Project Title: _____

Duration of Project: _____

Start Date: _____ **End Date:** _____

Purpose of Project:

- _____ To fulfill requirements related to courses/degree program at a college/university (**attach letter of support/endorsement**)
- _____ Course project
- _____ Thesis (**attach Summary of Proposal made to institution**)
- _____ Dissertation (**attach Summary of Proposal made to institution**)
- _____ Other
- _____ As part of an externally funded project **Funding Agency:** _____
- _____ For my own scholarly interest
- _____ Other **Please Describe:** _____

Name of Liaison: _____

I certify that the research procedures used in this project and the method of consent (if any) will be followed as approved by the Research Review Committee. Any future changes will be submitted for review and approval prior to implementation.

Researcher _____ **Date**
* * * * *

ACTION TAKEN BY RESEARCH COMMITTEE **DATE:**

- _____ Approved
- _____ Approval contingent on modifications as indicated in the Letter of Agreement
- _____ Disapproved

Comments: _____