

**Oakland University
School of Health Sciences
Physical Therapy Program
2. Approval of Research Proposal for DScPT**

Candidate: _____ Date: _____

Program Advisor: _____

Title of Proposed Project: _____

Committee Report on Proposal:

After review of the proposal, the Research Advisory Committee recommends:

- ☐ Full approval of the proposal. Candidate may proceed with research study.
- ☐ Conditional approval. Candidate must make suggested revisions. Candidate may proceed following Chair's approval of revisions.
- ☐ Significant revisions required. Candidate must make revisions and re-submit to the entire committee for approval.

Committee Signature:

Chair: _____

Member: _____

Member: _____

Member: _____

Member: _____